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Image# 201801319091068753

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|                                                            | For Other Than An Aut                       | nonzeu committee                         | Office Use Only                                   |
|------------------------------------------------------------|---------------------------------------------|------------------------------------------|---------------------------------------------------|
| NAME OF<br>COMMITTEE (in full)                             | TYPE OR PRINT ▼                             | Example: If typing, type over the lines. | 12FE4M5                                           |
| AX PAC                                                     |                                             |                                          |                                                   |
|                                                            |                                             |                                          |                                                   |
| ADDRESS (number and street)                                | PO Box 538                                  |                                          |                                                   |
| ▼ Check if different                                       |                                             |                                          |                                                   |
| than previously reported. (ACC)                            | Wausau                                      |                                          | WI 54402                                          |
| 2. FEC IDENTIFICATION N                                    | UMBER ▼ CIT                                 | YA                                       | STATE ▲ ZIP CODE ▲                                |
| C C00506535                                                |                                             | S THIS NEW (N) OF                        | AMENDED (A)                                       |
| 4. TYPE OF REPORT (Choose One)                             | (b) Monthly Report Due On:                  | 20 (M2) May 20 (M                        | (Non-Election<br>Year Only)                       |
| (a) Quarterly Reports:                                     | Mar                                         | 20 (M3) Jun 20 (M                        | (Non-Election<br>Year Only)                       |
| April 15<br>Quarterly Report (0                            |                                             | 20 (M4) Jul 20 (M7                       | Oct 20 (M10) Jan 31 (YE)                          |
| July 15 Quarterly Report (0                                | PRE-Election                                | Primary (12P)                            | General (12G) Runoff (12R)                        |
| October 15 Quarterly Report (0                             | Report for the:                             | Convention (12C)                         | Special (12S)                                     |
| January 31<br>Year-End Report (                            | YE)Electio                                  | n on                                     | in the State of                                   |
| July 31 Mid-Year<br>Report (Non-electic<br>Year Only) (MY) | on (d) 30-Day POST-Election Report for the: | General (30G)                            | Runoff (30R) Special (30S)                        |
| Termination Report (TER)                                   | Electio                                     | n on                                     | in the State of                                   |
| 5. Covering Period 07                                      |                                             | through 12                               | M / D D / Y Y Y Y Y Y 31 2017                     |
| I certify that I have examined the                         |                                             | my knowledge and belief it is            | true, correct and complete.                       |
| Type or Print Name of Treasure                             | Reisner, Michele, , ,                       |                                          |                                                   |
| Signature of Treasurer Reisi                               | ner, Michele, , ,                           | [Electronically Filed]                   | Date 01 / 31 / 2018                               |
| NOTE: Submission of false, erron                           | neous, or incomplete information            | n may subject the person signing         | this Report to the penalties of 52 U.S.C. § 30109 |
| Office<br>Use                                              |                                             |                                          | FEC FORM 3X<br>Rev. 05/2016                       |

## SUMMARY PAGE

| O<br>FEC <b>Form 3X</b> (Rev. 05/2016)                                                               | F RECEIPTS AND DISBURSEMENTS                                            | Page <b>2</b>                     |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|
| Write or Type Committee Name                                                                         |                                                                         | . 494 –                           |
| AX PAC                                                                                               |                                                                         |                                   |
|                                                                                                      |                                                                         |                                   |
| Report Covering the Period: From: 07                                                                 | M / D1 / Y1 Y1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            | To: 12 31 2017                    |
|                                                                                                      | COLUMN A<br>This Period                                                 | COLUMN B<br>Calendar Year-to-Date |
| 6. (a) Cash on Hand January 1, 2017                                                                  |                                                                         | 23638.73                          |
| (b) Cash on Hand at  Beginning of Reporting Period                                                   | 14491.77                                                                |                                   |
| (c) Total Receipts (from Line 19)                                                                    | 149370.00                                                               | 193370.00                         |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)             | 163861.77                                                               | 217008.73                         |
| 7. Total Disbursements (from Line 31)                                                                | 90464.71                                                                | 143611.67                         |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                        | 73397.06                                                                | 73397.06                          |
| 9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)  | 0.00                                                                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                                                                    |                                   |
| This committee has qualified as a multican                                                           | ndidate committee. (see FEC FORM 1M)                                    |                                   |
| F                                                                                                    | or further information contact:                                         |                                   |
|                                                                                                      | Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463 |                                   |
|                                                                                                      | Toll Free 800-424-9530<br>Local 202-694-1100                            |                                   |

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

| ٨ | Χ   | $D^{\Lambda}$ | $\sim$ |
|---|-----|---------------|--------|
| н | . Т | PΑ            | ι.     |

| I. Receipts                                                                                                     | COLUMNIA                                |                                         |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
|                                                                                                                 | COLUMN A<br>Total This Period           | COLUMN B<br>Calendar Year-to-Date       |
| Contributions (other than loans) From:                                                                          |                                         |                                         |
| (a) Individuals/Persons Other                                                                                   |                                         |                                         |
| Than Political Committees                                                                                       | 13750.00                                | 19750.00                                |
| (i) Itemized (use Schedule A)                                                                                   | 13730.00                                | 18750.00                                |
| (ii) Unitemized                                                                                                 | 620.00                                  | 620.00                                  |
| (iii) TOTAL (add                                                                                                |                                         | 4 4 4 4                                 |
| Lines 11(a)(i) and (ii)▶                                                                                        | 14370.00                                | 19370.00                                |
|                                                                                                                 | 0.00                                    | 0.00                                    |
| (b) Political Party Committees                                                                                  | 0.00                                    | 0.00                                    |
| (c) Other Political Committees                                                                                  | 135000.00                               | 174000.00                               |
| (such as PACs)(d) Total Contributions (add Lines                                                                | 4                                       | 1, 1000.00                              |
| (d) Total Contributions (add Lines<br>11(a)(iii), (b), and (c)) (Carry                                          |                                         |                                         |
| Totals to Line 33, page 5)                                                                                      | 149370.00                               | 193370.00                               |
| Transfers From Affiliated/Other                                                                                 | 4 4                                     | 4                                       |
| Party Committees                                                                                                | 0.00                                    | 0.00                                    |
| All Loans Received                                                                                              | 0.00                                    | 0.00                                    |
|                                                                                                                 | 4 4                                     | 4 4 4                                   |
| Loan Repayments Received                                                                                        | 0.00                                    | 0.00                                    |
| Offsets To Operating Expenditures                                                                               | 7 7                                     | 7                                       |
| (Refunds, Rebates, etc.)                                                                                        |                                         |                                         |
| (Carry Totals to Line 37, page 5)                                                                               | 0.00                                    | 0.00                                    |
| Refunds of Contributions Made                                                                                   | , , , , , , , , , , , , , , , , , , , , | , , , , , , , , , , , , , , , , , , , , |
| to Federal Candidates and Other                                                                                 |                                         |                                         |
| Political Committees                                                                                            | 0.00                                    | 0.00                                    |
| Other Federal Receipts                                                                                          | 2.22                                    | 0.00                                    |
| (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds                                         | 0.00                                    | 0.00                                    |
| (a) Non-Federal Account                                                                                         |                                         |                                         |
| (from Schedule H3)                                                                                              | 0.00                                    | 0.00                                    |
| (                                                                                                               | 4 4                                     | 4 4                                     |
| (b) Levin Funds (from Schedule H5)                                                                              | 0.00                                    | 0.00                                    |
| (2) Lovin Fando (Hom Gorioddio Flo)                                                                             | 4 4                                     |                                         |
| (c) Total Transfers (add 18(a) and 18(b))                                                                       | 0.00                                    | 0.00                                    |
| (c) Total Transfers (add 18(a) and 18(b))  Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶ | 0.00                                    | 193370.0                                |
| Total Federal Receipts (subtract Line 18(c) from Line 19)▶                                                      | 149370.00                               | 193370.00                               |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------|-------------------------------|-----------------------------------|
| Operating Expenditures:     (a) Allocated Federal/Non-Federal  |                               | Jaionaa Tour to Date              |
| Activity (from Schedule H4)                                    | 0.00                          |                                   |
| (i) Federal Share                                              | 0.00                          | 0.00                              |
| (ii) Non-Federal Share                                         | 0.00                          | 0.00                              |
| (b) Other Federal Operating  Expenditures                      | 33964.71                      | 87111.67                          |
| (c) Total Operating Expenditures                               |                               |                                   |
| (add 21(a)(i), (a)(ii), and (b))▶                              | 33964.71                      | 87111.67                          |
| 2. Transfers to Affiliated/Other Party Committees              | 0.00                          | 0.00                              |
| Contributions to     Federal Candidates/Committees             |                               |                                   |
| and Other Political Committees                                 | 56500.00                      | 56500.00                          |
| (use Schedule E)                                               | 0.00                          | 0.00                              |
| i. Coordinated Party Expenditures<br>(52 U.S.C. § 30116(d))    | 0.00                          |                                   |
| (use Schedule F)                                               | 0.00                          | 0.00                              |
| S. Loan Repayments Made                                        | 0.00                          | 0.00                              |
| . Loans Made                                                   | 0.00                          | 0.00                              |
| Refunds of Contributions To:     (a) Individuals/Persons Other |                               | 4 4                               |
| Than Political Committees                                      | 0.00                          | 0.00                              |
| (b) Political Party Committees                                 | 0.00                          | 0.00                              |
| (c) Other Political Committees                                 |                               | 0.00                              |
| (such as PACs)(d) Total Contribution Refunds                   | 0.00                          | 0.00                              |
| (add Lines 28(a), (b), and (c))                                | 0.00                          | 0.00                              |
| . Other Disbursements (Including                               |                               |                                   |
| Non-Federal Donations)                                         | 0.00                          | 0.00                              |
| . Federal Election Activity (52 U.S.C. § 30101(2               | 0))                           |                                   |
| (a) Allocated Federal Election Activity                        | -//                           |                                   |
| (from Schedule H6)                                             |                               |                                   |
| (i) Federal Share                                              | 0.00                          | 0.00                              |
| (ii) "Levin" Share                                             | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid                             | 4 4 4                         |                                   |
| Entirely With Federal Funds                                    | 0.00                          | 0.00                              |
| Lines 30(a)(i), 30(a)(ii) and 30(b))                           | 0.00                          | 0.00                              |
| Total Disbursements (add Lines 21(c), 22,                      |                               |                                   |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                       | 90464.71                      | 143611.67                         |
| . Total Federal Disbursements                                  | 4 4                           | 4 4                               |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)                    |                               |                                   |
| from Line 31)                                                  | 90464.71                      | 143611.67                         |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

| 1 20 1 <b>3.111 3.1</b> (1.101. 00/2010)                                     |                               | i ago 🗸                           |
|------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| III. Net Contributions/<br>Operating Expenditures                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| 33. Total Contributions (other than loans) (from Line 11(d), page 3)         | 149370.00                     | 193370.00                         |
| 34. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 149370.00                     | 193370.00                         |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 33964.71                      | 87111.67                          |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)               | 33964.71                      | 87111.67                          |

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

45 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AX PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DELOACH, CHRISTINE, , , Date of Receipt Mailing Address 12315 BLAIR RIDGE ROAD 05 2017 City Zip Code State Transaction ID: SA11A.57596 VA **FAIRFAX** 22033-1821 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) AKIN, GUMP, STRAUSS, HAUER & FIELD **ATTORNEY** CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BLOM, BRYAN, , , Date of Receipt Mailing Address 1901 16TH STREET NW 2017 APT. 104 11 City State Zip Code Transaction ID: SA11A.58771 WASHINGTON DC 20009-3339 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PFS** CONTRIBUTION VP, GOVERNMENT AFFAIRS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ISRAEL, RYAN, D., , Date of Receipt Mailing Address 2001 N 15TH ST 22 2017 STE 719 City State Zip Code Transaction ID: SA11A.58784 VA**ARLINGTON** 22201-2695 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION JONES WALKER **ATTORNEY** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

45 FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AX PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NORTON, TRAVIS, , , Date of Receipt Mailing Address 6537 BAY TREE CT 11 2017 City Zip Code State Transaction ID: SA11A.58782 VA **FALLS CHURCH** 22041-1001 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) BROWNSTEIN HYATT FARBER SCHRECK POLITICAL ADVISOR AND COUNSEL CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. POTTER, DENNIS, , , Date of Receipt Mailing Address 6503 BROOKES HILL CT 2017 11 City State Zip Code Transaction ID: SA11A.58783 **BETHESDA** MD 20816-2501 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **K&L GATES** CONTRIBUTION **GOVERNMENT AFFAIRS ADVISOR** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ST. CROIX TRIBAL COUNCIL Date of Receipt Mailing Address 24663 ANGELINE AVENUE 22 2017 City Zip Code State Transaction ID: SA11A.58788 WI WEBSTER 54893-9246 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

45

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AX PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DALY, JUSTIN, D.,, Date of Receipt Mailing Address P.O. BOX 1301 31 2017 City Zip Code State Transaction ID: SA11A.58669 VA **GREAT FALLS** 22066-8301 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) DALY CONSULTING GROUP **OWNER** CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GREENHECK, ROBERT, A., Date of Receipt Mailing Address 3810 STERNBERG AVENUE 2017 City Zip Code State Transaction ID: SA11A.58661 WESTON WI 54476-2658 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) GREENHECK FAN CORP CONTRIBUTION VICE-PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10000.00 SUBTOTAL of Receipts This Page (optional)..... 13750.00 TOTAL This Period (last page this line number only).....

| SCHEDULE A (FEC Form 3X) |                                                                                                                                    |                             |                                                   |                                                               | F                                           | FOR LINE NUMBER: PAGE 9 OF 45 |                |                 |                       |                |                    |             |   |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------|---------------------------------------------------------------|---------------------------------------------|-------------------------------|----------------|-----------------|-----------------------|----------------|--------------------|-------------|---|
| ΙΤ                       | EMIZED RECEIPTS                                                                                                                    |                             | Use separate schedule(s) for each category of the |                                                               | (c                                          | heck o                        | nly c          | ne)             |                       |                |                    |             |   |
| •••                      | LIMIZED RECEIL 13                                                                                                                  | Detailed Summary Page       |                                                   |                                                               | 11a                                         |                               | 11b            | <b>X</b> 11c    |                       | 12             |                    |             |   |
| _                        |                                                                                                                                    |                             |                                                   |                                                               |                                             | 13                            |                | 14              | 15                    | $\perp$        | 16                 | 1           | 7 |
| Ar<br>or                 | ny information copied from such Reports and Stator commercial purposes, other than using the r                                     | tements m                   | nay no<br>addre                                   | ot be sold or used by any pe<br>ss of any political committee | ersor                                       | n for th                      | e pu<br>contri | rpose o         | of soliciting from su | ng co<br>ch co | ontribut<br>ommitt | ions<br>ee. |   |
|                          | NAME OF COMMITTEE (In Full) AX PAC                                                                                                 |                             |                                                   |                                                               |                                             |                               |                |                 |                       |                |                    |             |   |
|                          | 7.5.1.7.0                                                                                                                          |                             |                                                   |                                                               |                                             |                               |                |                 |                       |                |                    |             |   |
| Α.                       | Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL A |                             |                                                   |                                                               |                                             |                               | of R           | eceipt          |                       |                |                    |             |   |
|                          | Mailing Address 1201 15TH ST NW                                                                                                    |                             |                                                   |                                                               | 07 18 2017                                  |                               |                | Y               |                       |                |                    |             |   |
|                          | City                                                                                                                               | State                       |                                                   | Zip Code                                                      |                                             | Tra                           | nsac           | tion ID         | : SA11C               | .571:          | 32                 |             |   |
|                          | WASHINGTON                                                                                                                         | DC                          |                                                   | 20005-2899                                                    |                                             | Amou                          | int o          | f Each          | Receipt               | this F         | Period             |             |   |
|                          | FEC ID number of contributing federal political committee.                                                                         | C co                        | 00000                                             | 901                                                           | Amount of Each Receipt this Period  5000.00 |                               |                |                 |                       | ]              |                    |             |   |
|                          | Name of Employer (for Individual)                                                                                                  | Occ                         | cupati                                            | on (for Individual)                                           | _                                           | П                             | Mem            | o Item          |                       |                |                    |             |   |
|                          | Traine of Employer (for marriadal)                                                                                                 |                             | oupun                                             | on (ioi maividaa)                                             |                                             | CONT                          |                |                 |                       |                |                    |             |   |
|                          | Receipt For:                                                                                                                       | Aggregate                   | e Yeai                                            | r-to-Date ▼                                                   |                                             |                               |                |                 |                       |                |                    |             |   |
|                          | Primary General                                                                                                                    | 00.0                        | -                                                 |                                                               | ıl                                          |                               |                |                 |                       |                |                    |             |   |
|                          | Other (specify) ▼                                                                                                                  |                             | 7                                                 | 5000.00                                                       | ч                                           |                               |                |                 |                       |                |                    |             |   |
|                          | Full Name of Individual (Last, First, Middle Initia                                                                                | al) or Full (               | Organ                                             | ization Name                                                  | +                                           |                               |                |                 |                       |                |                    |             | _ |
| В.                       | INVESTMENT COMPANY INSTITUT                                                                                                        |                             |                                                   |                                                               |                                             | Date                          | of R           | eceipt          |                       |                |                    |             |   |
|                          | Mailing Address 1401 H STREET NW NUMBER 1200                                                                                       |                             |                                                   |                                                               | 07 18 2017                                  |                               |                | 017             | Y                     |                |                    |             |   |
|                          | City                                                                                                                               | State                       |                                                   | Zip Code                                                      |                                             | Transaction ID : SA11C.57131  |                |                 |                       |                |                    |             |   |
|                          | WASHINGTON                                                                                                                         | DC                          |                                                   | 20005-2110                                                    | _                                           | Amou                          | int o          | f Each          | Receipt               | this F         | Period             |             |   |
|                          | FEC ID number of contributing federal political committee.                                                                         | C C00105981                 |                                                   |                                                               |                                             |                               | Ī              | 7               |                       |                | 2500.0             | 00          |   |
|                          | Name of Employer (for Individual)                                                                                                  | Occupation (for Individual) |                                                   |                                                               |                                             | CONT                          |                | o Item          |                       |                |                    |             |   |
|                          | Receipt For:                                                                                                                       | Aggregate Vear to Date ▼    |                                                   |                                                               |                                             |                               |                |                 |                       |                |                    |             |   |
|                          | Primary General                                                                                                                    | Aggregate Year-to-Date ▼    |                                                   |                                                               |                                             |                               |                |                 |                       |                |                    |             |   |
|                          | Other (specify) ▼                                                                                                                  | Ь                           | ,                                                 | 5000.00                                                       | Ц                                           |                               |                |                 |                       |                |                    |             |   |
|                          | Full Name of Individual (Last, First, Middle Initial OCCIDENTAL PETROLEUM COR                                                      |                             |                                                   |                                                               |                                             | Date                          | of R           | eceipt          |                       |                |                    |             |   |
| ٠.                       | Mailing Address 1701 PENNSYLVANIA AVE NV                                                                                           |                             |                                                   |                                                               |                                             | M                             |                | / D             | D /                   | Y              | Y                  | Υ           |   |
|                          |                                                                                                                                    |                             |                                                   |                                                               |                                             | 07                            |                | 1               | 8                     | 20             | 017                |             |   |
|                          | City                                                                                                                               | State                       |                                                   | Zip Code                                                      | -                                           |                               |                |                 | : SA110               |                |                    |             |   |
|                          | WASHINGTON                                                                                                                         |                             |                                                   | 20006-5805                                                    | $\dashv$                                    | Amou                          | int o          | f Each          | Receipt               | this F         | <sup>2</sup> eriod |             |   |
|                          | FEC ID number of contributing federal political committee.                                                                         | C co                        | 00083                                             | 00083857                                                      |                                             |                               | _              | ,               |                       | _              | 5000.0             | 00          |   |
|                          | Name of Employer (for Individual)                                                                                                  |                             | Occupation (for Individual)                       |                                                               |                                             |                               |                | o Item<br>JTION |                       |                |                    |             |   |
|                          | Receipt For:                                                                                                                       | Aggregate                   | e Yea                                             | r-to-Date ▼                                                   |                                             |                               |                |                 |                       |                |                    |             |   |
|                          | Primary General                                                                                                                    |                             |                                                   | 5000.00                                                       |                                             |                               |                |                 |                       |                |                    |             |   |
|                          | Other (specify)                                                                                                                    |                             | 7                                                 | 5000.00                                                       |                                             |                               |                |                 |                       |                |                    |             |   |
| Г                        |                                                                                                                                    |                             |                                                   |                                                               |                                             |                               | _              | -               | -                     | _              | _                  | _           | 1 |
| S                        | SUBTOTAL of Receipts This Page (optional)                                                                                          |                             |                                                   | ·····                                                         | •                                           | <u>L</u>                      | _              | ,               |                       | 1.             | 2500.0             | 00          |   |

TOTAL This Period (last page this line number only).....

| SCHEDULE A (FEC Form 3X)                         |                                        | Llee concrete calculate)                          | FOR LINE NUMBER: PAGE 10 OF 45             |  |  |  |  |  |
|--------------------------------------------------|----------------------------------------|---------------------------------------------------|--------------------------------------------|--|--|--|--|--|
| TEMIZED RECEIPTS                                 |                                        | Use separate schedule(s) for each category of the | (check only one)                           |  |  |  |  |  |
| <del>-</del>                                     |                                        | Detailed Summary Page                             | 11a 11b <b>X</b> 11c 12                    |  |  |  |  |  |
| Any information copied from such Reports and S   | Statements ma                          | ay not be sold or used by any no                  | 13   14   15   16   17                     |  |  |  |  |  |
| or for commercial purposes, other than using the |                                        |                                                   |                                            |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)                      |                                        |                                                   |                                            |  |  |  |  |  |
| AX PAC                                           |                                        |                                                   |                                            |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle In  | itial) or Full O                       | rganization Name                                  |                                            |  |  |  |  |  |
| A. ABBVIE POLITICAL ACTION COMMIT                |                                        |                                                   | Date of Receipt                            |  |  |  |  |  |
| Mailing Address 1 WAUKEGAN RD                    | Mailing Address 1 WAUKEGAN RD          |                                                   |                                            |  |  |  |  |  |
| City                                             | State                                  | Zip Code                                          | 09 05 2017<br>Transaction ID : SA11C.57598 |  |  |  |  |  |
| LAKE BLUFF                                       | IL                                     | 60044-1667                                        | Amount of Each Receipt this Period         |  |  |  |  |  |
| FEC ID number of contributing                    |                                        |                                                   |                                            |  |  |  |  |  |
| federal political committee.                     | C coo                                  | 0536573                                           | 1500.00                                    |  |  |  |  |  |
| Name of Employer (for Individual)                | Occi                                   | upation (for Individual)                          | Memo Item                                  |  |  |  |  |  |
|                                                  |                                        | (                                                 | CONTRIBUTION                               |  |  |  |  |  |
| Receipt For:                                     | Aggregate                              | Year-to-Date ▼                                    |                                            |  |  |  |  |  |
| Primary General                                  |                                        | 1500.00                                           | 7                                          |  |  |  |  |  |
| Other (specify) ▼                                |                                        | 1000.00                                           |                                            |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle In  | tial) or Full O                        | rganization Name                                  |                                            |  |  |  |  |  |
|                                                  | A AIR LINES POLITICAL ACTION COMMITTEE |                                                   |                                            |  |  |  |  |  |
| Mailing Address 1212 NEW YORK AVENUE N           | 09 05 2017                             |                                                   |                                            |  |  |  |  |  |
| SUITE 200 City                                   | State                                  | Zip Code                                          | Transaction ID : SA11C.57599               |  |  |  |  |  |
| WASHINGTON                                       | DC                                     | 20005-6609                                        | Amount of Each Receipt this Period         |  |  |  |  |  |
| FEC ID number of contributing                    | C 000                                  | 2404000                                           | 2500.00                                    |  |  |  |  |  |
| federal political committee.                     | C cod                                  | 0104802                                           | 2500.00                                    |  |  |  |  |  |
| Name of Employer (for Individual)                | Occ                                    | upation (for Individual)                          | Memo Item                                  |  |  |  |  |  |
|                                                  |                                        |                                                   | CONTRIBUTION                               |  |  |  |  |  |
| Receipt For:                                     | Aggregate                              | Year-to-Date ▼                                    |                                            |  |  |  |  |  |
| Primary General Other (specify) ▼                |                                        | 2500.00                                           |                                            |  |  |  |  |  |
|                                                  |                                        | 4 1 4 1 1 4 1                                     |                                            |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle In  |                                        |                                                   |                                            |  |  |  |  |  |
| . INDEPENDENT COMMUNITY BA                       | ANKERS                                 | PAC                                               | Date of Receipt                            |  |  |  |  |  |
| Mailing Address 1615 L ST NW<br>STE 900          |                                        |                                                   | 09 05 2017                                 |  |  |  |  |  |
| City                                             | State                                  | Zip Code                                          | Transaction ID : SA11C.57593               |  |  |  |  |  |
| WASHINGTON                                       | DC                                     | 20036-5623                                        | Amount of Each Receipt this Period         |  |  |  |  |  |
| FEC ID number of contributing                    | C C00                                  | 0032698                                           | 5000.00                                    |  |  |  |  |  |
| federal political committee.                     |                                        |                                                   |                                            |  |  |  |  |  |
| Name of Employer (for Individual)                | Occi                                   | upation (for Individual)                          | Memo Item                                  |  |  |  |  |  |
| Receipt For:                                     |                                        | · · · · · ·                                       | CONTRIBUTION                               |  |  |  |  |  |
| Primary General                                  | Aggregate                              | Year-to-Date ▼                                    |                                            |  |  |  |  |  |
| Other (specify)                                  |                                        | 5000.00                                           |                                            |  |  |  |  |  |
| _                                                |                                        | ,                                                 |                                            |  |  |  |  |  |
| OUDTOTAL of Day of The Day of the Con-           |                                        |                                                   | 9000.00                                    |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)        |                                        | ······                                            | 3333.33                                    |  |  |  |  |  |

TOTAL This Period (last page this line number only).....

| SCHEDULE A (FEC Form 3X)                                                                            | Use separate schedule(s)                    | FOR LINE NUMBER: PAGE 11 OF 45                                   |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------|
| TEMIZED RECEIPTS                                                                                    | for each category of the                    | (check only one)                                                 |
|                                                                                                     | Detailed Summary Page                       | 13 14 15 16 17                                                   |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the r |                                             |                                                                  |
| NAME OF COMMITTEE (In Full)                                                                         | lame and address of any political committee | e to solicit contributions from such committee.                  |
| AX PAC                                                                                              |                                             |                                                                  |
| Full Name of Individual (Last, First, Middle Initia                                                 | al) or Full Organization Name               |                                                                  |
| LEST, MIGGIE IIIIII                                                                                 | ii) or ruii Organization Name               | Date of Receipt                                                  |
| Mailing Address PO BOX 18254                                                                        |                                             | 09 05 2017                                                       |
| City                                                                                                | State Zip Code                              | 09 05 2017<br>Transaction ID : SA11C.57594                       |
| WASHINGTON                                                                                          | DC 20036-8254                               | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                          | C C00280222                                 | 2500.00                                                          |
| Name of Employer (for Individual)                                                                   | Occupation (for Individual)                 | Memo Item CONTRIBUTION                                           |
| Receipt For:                                                                                        | Aggregate Year-to-Date ▼                    | SOMINDOTION                                                      |
| Primary General                                                                                     | 5000.00                                     | 1                                                                |
| Other (specify) ▼                                                                                   | 300.00                                      | 1                                                                |
| Full Name of Individual (Last, First, Middle Initials, MORTGAGE BANKERS ASSOCIATION)                |                                             | Date of Receipt                                                  |
| Mailing Address 1919 M ST NW                                                                        |                                             | M = M / D = D / Y = Y = Y                                        |
| City                                                                                                | State Zip Code                              | 09 05 2017                                                       |
| WASHINGTON                                                                                          | DC 20036-3521                               | Transaction ID : SA11C.57597  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                          | C C00004812                                 | 5000.00                                                          |
| Name of Employer (for Individual)                                                                   | Occupation (for Individual)                 | Memo Item CONTRIBUTION                                           |
| Receipt For:                                                                                        | Aggregate Year-to-Date ▼                    |                                                                  |
| Primary General Other (specify) ▼                                                                   |                                             | 1                                                                |
| Other (specify) •                                                                                   | 5000.00                                     | J.                                                               |
| Full Name of Individual (Last, First, Middle Initial PROPERTY CASUALTY INSUREF                      |                                             | Date of Receipt                                                  |
| Mailing Address 8700 W BRYN MAWR AVE                                                                |                                             | M = M / D = D / Y = Y = Y = Y 09 05 2017                         |
| SUITE 1200S<br>City                                                                                 | State Zip Code                              | Transaction ID : SA11C.57600                                     |
| CHICAGO                                                                                             | IL 60631-3512                               | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                          | C C00066472                                 | 5000.00                                                          |
| Name of Employer (for Individual)                                                                   | Occupation (for Individual)                 | Memo Item CONTRIBUTION                                           |
| Receipt For:                                                                                        | Aggregate Year-to-Date ▼                    |                                                                  |
| Primary General Other (specify)                                                                     | 5000.00                                     |                                                                  |
| SUBTOTAL of Receipts This Page (optional)                                                           | )                                           | 12500.00                                                         |
| TOTAL This Davis d death are as a line of                                                           | -1)                                         |                                                                  |
| TOTAL This Period (last page this line number or                                                    | າly)                                        |                                                                  |

| SCHEDULE A (FEC Form 3X)                                                                            |               | Use separate schedule(s)                        | FOR LINE NUMBER: PAGE 12 OF 45                                   |
|-----------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------|------------------------------------------------------------------|
| TEMIZED RECEIPTS                                                                                    |               | for each category of the  Detailed Summary Page | (check only one)  11a 11b                                        |
|                                                                                                     |               | Detailed Summary Page                           | 13 14 15 16 17                                                   |
| Any information copied from such Reports and State or for commercial purposes, other than using the |               |                                                 |                                                                  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                  |               |                                                 |                                                                  |
| Full Name of Individual (Last, First, Middle Initial THE HOME DEPOT INC. POLITICAL AC               | al) or Full O | rganization Name<br>//MITTEE                    | Date of Receipt                                                  |
| Mailing Address 1155 F ST NW                                                                        | 04-4-         | 7'- Out                                         | 09 05 2017                                                       |
| City<br>WASHINGTON                                                                                  | State<br>DC   | Zip Code<br>20004-1312                          | Transaction ID : SA11C.57601  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                          | C cod         | 0284885                                         | 5000.00                                                          |
| Name of Employer (for Individual)                                                                   | Оссі          | upation (for Individual)                        | Memo Item CONTRIBUTION                                           |
| Receipt For:  Primary General  Other (specify) ▼                                                    | Aggregate     | Year-to-Date ▼ 5000.00                          | ]                                                                |
| Full Name of Individual (Last, First, Middle Initial UPS PAC                                        |               | rganization Name                                | Date of Receipt                                                  |
| Mailing Address 55 GLENLAKE PARKWAY NE                                                              |               |                                                 | 09 05 2017                                                       |
| City<br>ATLANTA                                                                                     | State<br>GA   | Zip Code<br>30328-3474                          | Transaction ID : SA11C.57595  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                          | C cod         | 0064766                                         | 5000.00                                                          |
| Name of Employer (for Individual)                                                                   | Occ           | upation (for Individual)                        | Memo Item CONTRIBUTION                                           |
| Receipt For:  Primary General  Other (specify) ▼                                                    | Aggregate     | Year-to-Date ▼ 5000.00                          |                                                                  |
| Full Name of Individual (Last, First, Middle Initial). AT&T FEDERAL PAC                             | al) or Full O | rganization Name                                | Date of Receipt                                                  |
| Mailing Address 208 S AKARD STREET FRONT 3521 City                                                  | State         | Zip Code                                        | 09 27 2017  Transaction ID : SA11C.57940                         |
| DALLAS                                                                                              | TX            | 75202-4295                                      | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.                                          | C cod         | 0109017                                         | 2500.00                                                          |
| Name of Employer (for Individual)                                                                   |               | upation (for Individual)                        | Memo Item CONTRIBUTION                                           |
| Receipt For: Primary General Other (specify)                                                        | Aggregate     | Year-to-Date ▼<br>2500.00                       |                                                                  |
| SUBTOTAL of Receipts This Page (optional)                                                           |               |                                                 | 12500.00                                                         |
| TOTAL This Period (last page this line number of                                                    | nly)          |                                                 |                                                                  |

| S   | SCHEDULE A (FEC Form 3X)                                                                    |                                                | Use separate schedule(s) | FOR LINE NUMBER: PAGE 13 OF 45                                   |  |  |  |  |
|-----|---------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------|------------------------------------------------------------------|--|--|--|--|
| IT  | EMIZED RECEIPTS                                                                             | for each category of the Detailed Summary Page |                          | (check only one)                                                 |  |  |  |  |
|     |                                                                                             |                                                |                          | 13 14 15 16 17                                                   |  |  |  |  |
|     | ny information copied from such Reports and S for commercial purposes, other than using the |                                                |                          | person for the purpose of soliciting contributions               |  |  |  |  |
|     | NAME OF COMMITTEE (In Full)                                                                 |                                                | , p                      |                                                                  |  |  |  |  |
|     | AX PAC                                                                                      |                                                |                          |                                                                  |  |  |  |  |
| Α.  | Full Name of Individual (Last, First, Middle Ini CITIGROUP INC PAC                          | tial) or Full O                                | Date of Receipt          |                                                                  |  |  |  |  |
|     | Mailing Address 1101 PENNSYLVANIA AVEN                                                      | IUE NW                                         |                          | 09 27 2017                                                       |  |  |  |  |
|     | City                                                                                        | State                                          | Zip Code                 | Transaction ID : SA11C.57939                                     |  |  |  |  |
|     | WASHINGTON                                                                                  | DC                                             | 20004-2524               | Amount of Each Receipt this Period                               |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                                  | C C00                                          | 0008474                  | 2500.00                                                          |  |  |  |  |
|     | Name of Employer (for Individual)                                                           | Occi                                           | upation (for Individual) | Memo Item CONTRIBUTION                                           |  |  |  |  |
|     | Receipt For:                                                                                | Aggregate                                      | Year-to-Date ▼           | CONTRIBUTION                                                     |  |  |  |  |
|     | Primary General                                                                             | Aggregate                                      |                          | 1                                                                |  |  |  |  |
|     | Other (specify) ▼                                                                           |                                                | 5000.00                  |                                                                  |  |  |  |  |
| В.  |                                                                                             | Date of Receipt                                |                          |                                                                  |  |  |  |  |
|     | Mailing Address 122 C STREET NW SUITE 540                                                   |                                                |                          | 09 27 2017                                                       |  |  |  |  |
|     | City                                                                                        | State                                          | Zip Code                 | Transaction ID : SA11C.57941                                     |  |  |  |  |
|     | WASHINGTON                                                                                  | DC                                             | 20001-2102               | Amount of Each Receipt this Period                               |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                                  | C cod                                          | 0170258                  | 2500.00                                                          |  |  |  |  |
|     | Name of Employer (for Individual)                                                           | Occ                                            | upation (for Individual) | Memo Item CONTRIBUTION                                           |  |  |  |  |
|     | Receipt For:                                                                                | Aggregate                                      | Year-to-Date ▼           |                                                                  |  |  |  |  |
|     | Primary General                                                                             | 00 0                                           |                          | 1                                                                |  |  |  |  |
|     | Other (specify) ▼                                                                           |                                                | 5000.00                  |                                                                  |  |  |  |  |
| C.  | Full Name of Individual (Last, First, Middle Ini NATIONAL MULTI HOUSING CO                  | Date of Receipt                                |                          |                                                                  |  |  |  |  |
|     | Mailing Address 1850 M STREET NW                                                            |                                                |                          | M = M / D = D / Y = Y = Y                                        |  |  |  |  |
|     | SUITE 540<br>City                                                                           | State                                          | Zip Code                 | 09 27 2017                                                       |  |  |  |  |
|     | WASHINGTON                                                                                  | DC                                             | 20036-5816               | Transaction ID : SA11C.57938  Amount of Each Receipt this Period |  |  |  |  |
|     | FEC ID number of contributing federal political committee.                                  | C co                                           | 0130773                  | 2500.00                                                          |  |  |  |  |
|     | Name of Employer (for Individual)                                                           | Occi                                           | upation (for Individual) | Memo Item CONTRIBUTION                                           |  |  |  |  |
|     | Receipt For:                                                                                | Aggregate                                      | Year-to-Date ▼           |                                                                  |  |  |  |  |
|     | Primary General Other (specify)                                                             | 33 3                                           | 5000.00                  | 1                                                                |  |  |  |  |
|     | Cirici (Specify)                                                                            |                                                | 7                        | 4                                                                |  |  |  |  |
| s   | SUBTOTAL of Receipts This Page (optional)                                                   |                                                |                          | 7500.00                                                          |  |  |  |  |
|     | OTAL This Period (last page this line number                                                | only)                                          |                          |                                                                  |  |  |  |  |
| 1 ' | VIAL THIS I CHOO (last page this line hulliber                                              | Oilly /                                        |                          |                                                                  |  |  |  |  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | Use separate schedule(s) for each category of the Detailed Summary Page                                                             | FOR LINE NUMBER: PAGE 14 OF 45 (check only one)                                                                                 |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| _                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | , ,                                                                                                                                 | 13 14 15 16 17                                                                                                                  |
|                                           | y information copied from such Reports and State<br>for commercial purposes, other than using the na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                                                                                                     |                                                                                                                                 |
| $\rangle$                                 | NAME OF COMMITTEE (In Full) AX PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                                                                                     |                                                                                                                                 |
| Α.                                        | Full Name of Individual (Last, First, Middle Initial)  AMERICAN FINANCIAL SERVICES ASSO  Mailing Address 919 18TH STREET NW  SUITE 300  City  WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary  General  Other (specify)   AMERICAN MIDDLE ASSO  AGENTICAN MIDDLE ASSO |              | Date of Receipt  M M M / 13 2017  Transaction ID: SA11C.58102  Amount of Each Receipt this Period  1000.00  Memo Item  CONTRIBUTION |                                                                                                                                 |
|                                           | Full Name of Individual (Last, First, Middle Initial) KOCH INDUSTRIES, INC. POLITICAL A Mailing Address 600 14TH STREET NW SUITE 800 City WASHINGTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State DC C00 |                                                                                                                                     | Date of Receipt  10 13 2017  Transaction ID : SA11C.58101  Amount of Each Receipt this Period  5000.00  Memo Item  CONTRIBUTION |
|                                           | Primary General Other (specify) ▼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | Year-to-Date ▼ 5000.00                                                                                                              |                                                                                                                                 |
|                                           | Full Name of Individual (Last, First, Middle Initial)  MFA PAC  Mailing Address 2917 PENN FOREST BOULEVAL  SUITE 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | Date of Receipt  10 13 2017                                                                                                         |                                                                                                                                 |
|                                           | City<br>ROANOKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State<br>VA  | Zip Code<br>24018-4304                                                                                                              | Transaction ID : SA11C.58099  Amount of Each Receipt this Period                                                                |
|                                           | FEC ID number of contributing federal political committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C cod        | 0467639                                                                                                                             | 2500.00                                                                                                                         |
| Name of Employer (for Individual)  Occ    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | upation (for Individual)                                                                                                            | Memo Item CONTRIBUTION                                                                                                          |
|                                           | Receipt For:  Primary General  Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | aggregate    | Year-to-Date ▼<br>2500.00                                                                                                           |                                                                                                                                 |
| S                                         | UBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | ·····                                                                                                                               | 8500.00                                                                                                                         |
| T                                         | OTAL This Period (last page this line number only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | /)           |                                                                                                                                     |                                                                                                                                 |

| SCHEDULE A (FEC Form 3X) |                                                                                                    |                  | Use separate schedule(s)                          | FOR LINE NUMBER: PAGE 15 OF 45 (check only one) |                                                                  |                           |               |    |  |  |  |
|--------------------------|----------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|---------------------------|---------------|----|--|--|--|
|                          | EMIZED RECEIPTS                                                                                    |                  | for each category of the<br>Detailed Summary Page | 11a                                             | 11b                                                              | 11c<br>15                 | 12<br>16      | 17 |  |  |  |
|                          | ny information copied from such Reports and S<br>for commercial purposes, other than using the     |                  |                                                   |                                                 |                                                                  |                           |               |    |  |  |  |
|                          | NAME OF COMMITTEE (In Full) AX PAC                                                                 |                  |                                                   |                                                 |                                                                  |                           |               |    |  |  |  |
| Α.                       | Full Name of Individual (Last, First, Middle In NATIONAL ASSOCIATION OF MUTUA                      |                  |                                                   | Date                                            | of Receipt                                                       |                           |               |    |  |  |  |
|                          | Mailing Address 122 C STREET NW SUITE 540 City                                                     | State            | Zip Code                                          | 10<br>Trai                                      | ) 1                                                              | 3<br>D : SA11C.5          | 2017<br>88100 | Y  |  |  |  |
|                          | WASHINGTON                                                                                         | DC               | 20001-2102                                        |                                                 |                                                                  | Receipt thi               |               |    |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                         | C co             | 0170258                                           |                                                 |                                                                  |                           | 2500.0        | 0  |  |  |  |
|                          | Name of Employer (for Individual)                                                                  | Occ              | upation (for Individual)                          |                                                 | Memo Item<br>RIBUTION                                            | I                         |               |    |  |  |  |
|                          | Receipt For:  Primary General  Other (specify) ▼                                                   | Aggregate        | Year-to-Date ▼ 5000.00                            |                                                 |                                                                  |                           |               |    |  |  |  |
| В.                       | Full Name of Individual (Last, First, Middle In REALTORS PAC Mailing Address 430 N MICHIGAN AVENUE | itial) or Full C | Organization Name                                 | Date                                            | of Receipt                                                       |                           |               | V  |  |  |  |
|                          |                                                                                                    |                  |                                                   |                                                 |                                                                  | 13                        | 2017          | Y  |  |  |  |
|                          | City                                                                                               | State<br>IL      | Zip Code<br>60611-4011                            |                                                 | Transaction ID : SA11C.58098  Amount of Each Receipt this Period |                           |               |    |  |  |  |
|                          | FEC ID number of contributing federal political committee.                                         |                  | 0030718                                           | 2500.00                                         |                                                                  |                           |               |    |  |  |  |
|                          | Name of Employer (for Individual)                                                                  | Occ              | upation (for Individual)                          |                                                 | Memo Item<br>RIBUTION                                            | I                         |               |    |  |  |  |
|                          | Receipt For:  Primary General  Other (specify) ▼                                                   | Aggregate        | Year-to-Date ▼  2500.00                           |                                                 |                                                                  |                           |               |    |  |  |  |
| C.                       | Full Name of Individual (Last, First, Middle In SYNCHRONY FINANCIAL EMPL                           | <b>1</b> Date    | of Receipt                                        |                                                 |                                                                  |                           |               |    |  |  |  |
|                          | Mailing Address 777 LONG RIDGE RD                                                                  | 10               |                                                   | 13                                              | 2017                                                             | Y                         |               |    |  |  |  |
|                          | City<br>STAMFORD                                                                                   | State<br>CT      | Zip Code<br>06902-1247                            |                                                 |                                                                  | D: SA11C.5<br>Receipt thi |               |    |  |  |  |
|                          | FEC ID number of contributing federal political committee.  Name of Employer (for Individual)      |                  | 0589119                                           | ΙË                                              | ,                                                                | ,                         | 1000.0        | 0  |  |  |  |
|                          |                                                                                                    |                  | upation (for Individual)                          |                                                 | Memo Item                                                        | I                         |               |    |  |  |  |
|                          | Receipt For: Primary General Other (specify)                                                       | Aggregate        | Year-to-Date ▼ 1000.00                            |                                                 |                                                                  |                           |               |    |  |  |  |
| S                        | SUBTOTAL of Receipts This Page (optional)                                                          |                  |                                                   |                                                 |                                                                  |                           | 6000.0        | 0  |  |  |  |
| Т                        | OTAL This Period (last page this line number                                                       | only)            |                                                   |                                                 |                                                                  |                           |               |    |  |  |  |

| SCHEDULE A (FEC Form 3X)                                                                                         | Use separate schedule(s)                                               | FOR LINE NUMBER: PAGE 16 OF 45                                                                 |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|--|--|--|--|
| TEMIZED RECEIPTS                                                                                                 | for each category of the Detailed Summary Page                         | (check only one)  11a                                                                          |  |  |  |  |  |
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name an | may not be sold or used by any pend address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                               |                                                                        |                                                                                                |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Fu<br>LSBANCORP PAC                                     | Il Organization Name                                                   | Date of Receipt                                                                                |  |  |  |  |  |
| Mailing Address 800 NICOLLET MALL                                                                                |                                                                        | 10 13 2017                                                                                     |  |  |  |  |  |
| City State MINNEAPOLIS MN                                                                                        | Zip Code<br>55402-7000                                                 | Transaction ID : SA11C.58097  Amount of Each Receipt this Period                               |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                       | C00018036                                                              | 5000.00                                                                                        |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                | Occupation (for Individual)                                            | Memo Item CONTRIBUTION                                                                         |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼  Aggreg                                                         | ate Year-to-Date ▼ 5000.00                                             |                                                                                                |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Fu<br>BIPARTISAN PAC                                    | II Organization Name                                                   | Date of Receipt                                                                                |  |  |  |  |  |
| Mailing Address BNY MELLON CENTER ROOM 3225                                                                      |                                                                        | 11 22 2017                                                                                     |  |  |  |  |  |
| City State PITTSBURGH PA                                                                                         | Zip Code<br>15258-0001                                                 | Transaction ID : SA11C.58777  Amount of Each Receipt this Period                               |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                       | C00017558                                                              | 1000.00                                                                                        |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                | Occupation (for Individual)                                            | Memo Item CONTRIBUTION                                                                         |  |  |  |  |  |
| Receipt For:  Primary  General  Aggreg                                                                           | ate Year-to-Date ▼                                                     |                                                                                                |  |  |  |  |  |
| Other (specify) ▼                                                                                                | 1000.00                                                                |                                                                                                |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Fu<br>BLANK ROME LLP FED PAC                            | Il Organization Name                                                   | Date of Receipt                                                                                |  |  |  |  |  |
| Mailing Address 600 NEW HAMPSHIRE AVENUE NW                                                                      |                                                                        | 11 22 2017                                                                                     |  |  |  |  |  |
| City State WASHINGTON DC                                                                                         | Zip Code<br>20037-2403                                                 | Transaction ID : SA11C.58775  Amount of Each Receipt this Period                               |  |  |  |  |  |
| FEC ID number of contributing                                                                                    | C00150797                                                              | 1000.00                                                                                        |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                | Occupation (for Individual)                                            | Memo Item CONTRIBUTION                                                                         |  |  |  |  |  |
| Receipt For: Aggreg Primary General                                                                              | ate Year-to-Date ▼                                                     |                                                                                                |  |  |  |  |  |
| Other (specify)                                                                                                  | 1000.00                                                                |                                                                                                |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                        | <b>&gt;</b>                                                            | 7000.00                                                                                        |  |  |  |  |  |
| TOTAL This Period (last page this line number only)                                                              | <b>&gt;</b>                                                            |                                                                                                |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)                                                                                                                          |               | Use separate schedule(s)                 | FOR LINE NUMBER: PAGE 17 OF 45                                                               |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------|----------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| TEMIZED RECEIPTS                                                                                                                                  |               | for each category of the                 | (check only one)                                                                             |  |  |  |  |  |  |
|                                                                                                                                                   |               | Detailed Summary Page                    | 13 14 15 16 17                                                                               |  |  |  |  |  |  |
| Any information copied from such Reports and State or for commercial purposes, other than using the                                               |               |                                          |                                                                                              |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                                                                |               |                                          |                                                                                              |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Inition  A. CITIGROUP INC PAC  Mailing Address 1101 PENNSYLVANIA AVENU  SUITE 1000  City  WASHINGTON |               | Zip Code                                 | Date of Receipt  11 22 2017  Transaction ID : SA11C.58772                                    |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                                        |               | 0008474                                  | Amount of Each Receipt this Period  2500.00                                                  |  |  |  |  |  |  |
| Name of Employer (for Individual)  Receipt For: Primary General                                                                                   |               | upation (for Individual)  Year-to-Date ▼ | Memo Item CONTRIBUTION                                                                       |  |  |  |  |  |  |
| Other (specify) ▼  Full Name of Individual (Last, First, Middle Initia                                                                            | al) or Full O | 5000.00                                  |                                                                                              |  |  |  |  |  |  |
| Mailing Address ONE COMCAST CENTER  1701 JFK BOULEVARD  City  PHILADELPHIA                                                                        |               |                                          | Date of Receipt  11 22 2017  Transaction ID: SA11C.58774  Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer (for Individual)                                                     |               | 0248716<br>upation (for Individual)      | 2500.00 Memo Item                                                                            |  |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                                                                                  | Aggregate     | Year-to-Date ▼ 2500.00                   | CONTRIBUTION                                                                                 |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial NATIONAL ASSOCIATION OF REAL E                                                               |               |                                          | Date of Receipt                                                                              |  |  |  |  |  |  |
| Mailing Address 1875   STREET, NW  SUITE 600  City                                                                                                | State         | Zip Code                                 | 11 22 2017<br>Transaction ID : SA11C.58776                                                   |  |  |  |  |  |  |
| WASHINGTON                                                                                                                                        | DC            | 20006-5413                               | Amount of Each Receipt this Period                                                           |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                                        | C co          | 0303339                                  | 3000.00                                                                                      |  |  |  |  |  |  |
| Name of Employer (for Individual)  Receipt For:                                                                                                   |               | upation (for Individual)                 | Memo Item CONTRIBUTION                                                                       |  |  |  |  |  |  |
| Primary General Other (specify)                                                                                                                   | Aggregate     | Year-to-Date ▼ 3000.00                   |                                                                                              |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                                                         |               | ······                                   | 8000.00                                                                                      |  |  |  |  |  |  |
| TOTAL This Period (last page this line number o                                                                                                   | nly)          | ·····                                    |                                                                                              |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)                                                                                           |             | Use separate schedule(s)  | FOR LINE NUMBER: PAGE 18 OF 45                                   |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|------------------------------------------------------------------|--|--|--|--|--|--|
| TEMIZED RECEIPTS                                                                                                   |             | for each category of the  | (check only one)                                                 |  |  |  |  |  |  |
|                                                                                                                    |             | Detailed Summary Page     | 13 14 15 16 17                                                   |  |  |  |  |  |  |
| Any information copied from such Reports and State or for commercial purposes, other than using the na             |             |                           |                                                                  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                                 |             |                           |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial)  NEW YORK LIFE INSURANCE PAC  Mailing Address 51 MADISON AVE | ) or Full O | rganization Name          | Date of Receipt                                                  |  |  |  |  |  |  |
| RM 1109                                                                                                            | State       | Zip Code                  | 11 22 2017<br>Transaction ID : SA11C.58778                       |  |  |  |  |  |  |
| NEW YORK                                                                                                           | NY          | 10010-1603                | Amount of Each Receipt this Period                               |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                         | C cod       | 0158881                   | 5000.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                  | Оссі        | upation (for Individual)  | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Receipt For: Primary General                                                                                       | Aggregate   | Year-to-Date ▼            |                                                                  |  |  |  |  |  |  |
| Other (specify) ▼                                                                                                  |             | 5000.00                   |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial)  PNC PAC                                                     | ) or Full O | rganization Name          | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address 249 5TH AVENUE                                                                                     |             |                           | 11 22 2017                                                       |  |  |  |  |  |  |
| City<br>PITTSBURGH                                                                                                 | State<br>PA | Zip Code<br>15222-2707    | Transaction ID : SA11C.58779  Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                         | C coo       | 0186064                   | 1000.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                  | Occ         | upation (for Individual)  | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
|                                                                                                                    | Aggregate   | Year-to-Date ▼            |                                                                  |  |  |  |  |  |  |
| Primary General  Other (specify) ▼                                                                                 |             | 1000.00                   |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial)  TUESDAY GROUP PAC                                           | ) or Full O | rganization Name          | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address 209 PENNSYLVANIA AVE SE                                                                            |             |                           | 11 22 2017                                                       |  |  |  |  |  |  |
| City<br>WASHINGTON                                                                                                 | State<br>DC | Zip Code<br>20003-1107    | Transaction ID : SA11C.58773  Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                         | C cod       | 0433060                   | 2500.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                  | Occi        | upation (for Individual)  | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Receipt For: Primary General Other (specify)                                                                       | Aggregate   | Year-to-Date ▼<br>2500.00 |                                                                  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                          |             | k                         | 8500.00                                                          |  |  |  |  |  |  |
|                                                                                                                    |             |                           |                                                                  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only                                                                 | ly)         | ·····                     | 7 7 7                                                            |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)                                                                                                            |             | Use separate schedule(s)                       | FOR LINE NUMBER: PAGE 19 OF 45 (check only one)                  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------|------------------------------------------------------------------|--|--|--|--|--|--|
| TEMIZED RECEIPTS                                                                                                                    |             | for each category of the Detailed Summary Page | (check only one)                                                 |  |  |  |  |  |  |
| Any information copied from such Reports and State                                                                                  | ments ma    | , ,                                            | 13 14 15 16 17 erson for the purpose of soliciting contributions |  |  |  |  |  |  |
| or for commercial purposes, other than using the nar                                                                                |             |                                                |                                                                  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                                                  |             |                                                |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial)  AMERICAN BANKERS ASSOCIATION PAGE  Mailing Address 4439 CONNECTICUT AVENUE N | C (BANK     |                                                | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address 1120 CONNECTICUT AVENUE N                                                                                           | IVV         |                                                | 12 29 2017                                                       |  |  |  |  |  |  |
| City<br>WASHINGTON                                                                                                                  | State<br>DC | Zip Code<br>20036-3902                         | Transaction ID : SA11C.58558                                     |  |  |  |  |  |  |
| EEC ID number of contributing                                                                                                       | C coo       | 0004275                                        | Amount of Each Receipt this Period 5000.00                       |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                                   | Оссі        | upation (for Individual)                       | Memo Item                                                        |  |  |  |  |  |  |
| Receipt For:                                                                                                                        |             | Veer to Date W                                 | CONTRIBUTION                                                     |  |  |  |  |  |  |
| Primary General Other (specify) ▼                                                                                                   | ggregate    | Year-to-Date ▼ 5000.00                         |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial)  3. CBA PAC                                                                   | or Full O   | rganization Name                               | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address 1000 WILSON BOULEVARD                                                                                               |             |                                                | 12 29 2017                                                       |  |  |  |  |  |  |
| SUITE 2500<br>City                                                                                                                  | State       | Zip Code                                       | Transaction ID : SA11C.58557                                     |  |  |  |  |  |  |
| ARLINGTON                                                                                                                           | VA          | 22209-3909                                     | Amount of Each Receipt this Period                               |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                          | C coo       | 0035535                                        | 1000.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                                   | Occi        | upation (for Individual)                       | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Receipt For:  Primary  General                                                                                                      | ggregate    | Year-to-Date ▼                                 |                                                                  |  |  |  |  |  |  |
| Other (specify) ▼                                                                                                                   |             | 1000.00                                        |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) DELOITTE FEDERAL PAC                                                          | or Full O   | rganization Name                               | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address PO BOX 365                                                                                                          | 0           | 7. 0.1                                         | 12 29 2017                                                       |  |  |  |  |  |  |
| City<br>WASHINGTON                                                                                                                  | State<br>DC | Zip Code<br>20044-0365                         | Transaction ID : SA11C.58561  Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                          | C co        | 0211318                                        | 5000.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                                   | Оссі        | upation (for Individual)                       | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Receipt For:    Primary   General   Aggregate                                                                                       |             | Year-to-Date ▼                                 |                                                                  |  |  |  |  |  |  |
| Other (specify)                                                                                                                     |             | 5000.00                                        |                                                                  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                                           |             | <b>&gt;</b>                                    | 11000.00                                                         |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only                                                                                  | ·)          | ·····                                          |                                                                  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)                                                                              |                                           | Use separate schedule(s) | FOR LINE NUMBER: PAGE 20 OF 45                                   |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|------------------------------------------------------------------|--|--|--|--|--|--|
| TEMIZED RECEIPTS                                                                                      |                                           | for each category of the | (check only one)                                                 |  |  |  |  |  |  |
|                                                                                                       |                                           | Detailed Summary Page    | 13 14 15 16 17                                                   |  |  |  |  |  |  |
| Any information copied from such Reports and Stat or for commercial purposes, other than using the na |                                           |                          |                                                                  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                    |                                           |                          |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial  DENTONS US LLP PAC                              | l) or Full O                              | rganization Name         | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address 233 S WACKER DR  SUITE 7800  City                                                     | State                                     | Zip Code                 | 12 29 2017<br>Transaction ID : SA11C.58559                       |  |  |  |  |  |  |
| CHICAGO                                                                                               | IL                                        | 60606-6459               | Amount of Each Receipt this Period                               |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                            | C cod                                     | 0216127                  | 2500.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                     | Оссі                                      | upation (for Individual) | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Primary General                                                                                       | Aggregate                                 | Year-to-Date ▼           |                                                                  |  |  |  |  |  |  |
| Other (specify) ▼                                                                                     |                                           | 2500.00                  |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial  FMR LLC PAC                                     | l) or Full O                              | rganization Name         | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address 82 DEVONSHIRE STREET                                                                  |                                           |                          | 12 29 2017                                                       |  |  |  |  |  |  |
| City<br>BOSTON                                                                                        | State<br>MA                               | Zip Code<br>02109-3605   | Transaction ID : SA11C.58560  Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                            | C cod                                     | 0380550                  | 1000.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                     | Occ                                       | upation (for Individual) | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
|                                                                                                       | Aggregate                                 | Year-to-Date ▼           |                                                                  |  |  |  |  |  |  |
| Primary General  Other (specify) ▼                                                                    |                                           | 1000.00                  |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial NATIONAL AUTOMOBILE DEALEF                       |                                           |                          | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address 8400 WESTPARK DR                                                                      | To                                        |                          | 12 29 2017                                                       |  |  |  |  |  |  |
| City<br>MCLEAN                                                                                        | State<br>VA                               | Zip Code<br>22102-5116   | Transaction ID : SA11C.58563  Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                            | C cod                                     | 0040998                  | 2500.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                     | Оссі                                      | upation (for Individual) | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Receipt For: Primary General Other (specify)                                                          | Aggregate                                 | Year-to-Date ▼ 2500.00   |                                                                  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                             | SUBTOTAL of Receipts This Page (optional) |                          |                                                                  |  |  |  |  |  |  |
| TOTAL This Period (last page this line number on                                                      | ıly)                                      |                          |                                                                  |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS                                                                                                                                                                                                                     |                 | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 OF 45 (check only one)                                                                                 |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)                                                                                                                                                                                       |                 |                                                                         | erson for the purpose of soliciting contributions to solicit contributions from such committee.                                 |  |  |  |  |  |  |
| rederal political committee.                                                                                                                                                                                                                                  |                 | Zip Code 10041-0004  24682  ation (for Individual)                      | Date of Receipt  12 29 2017  Transaction ID : SA11C.58562  Amount of Each Receipt this Period  2500.00  Memo Item  CONTRIBUTION |  |  |  |  |  |  |
| Primary General Other (specify) ▼  Full Name of Individual (Last, First, Mid                                                                                                                                                                                  |                 | 2500.00                                                                 |                                                                                                                                 |  |  |  |  |  |  |
| AICPA PAC  Mailing Address 220 LEIGH FARM RD  City  DURHAM  FEC ID number of contributing                                                                                                                                                                     | State NC C0007  | Zip Code<br>27707-8110                                                  | Date of Receipt  12 31 2017  Transaction ID: SA11C.58667  Amount of Each Receipt this Period  5000.00  Memo Item  CONTRIBUTION  |  |  |  |  |  |  |
| Receipt For:  Primary  Other (specify) ▼  General                                                                                                                                                                                                             |                 | ation (for Individual)                                                  |                                                                                                                                 |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Mide)  CME GROUP INC. PAC  Mailing Address 20 S WACKER DRIVE  City CHICAGO  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify) | State IL C C000 | Zip Code<br>60606-7431<br>76299<br>ation (for Individual)               | Date of Receipt  12 31 2017  Transaction ID: SA11C.58662  Amount of Each Receipt this Period  1000.00  Memo Item CONTRIBUTION   |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (option                                                                                                                                                                                                                        | •               | <u> </u>                                                                | 8500.00                                                                                                                         |  |  |  |  |  |  |
| TOTAL This Period (last page this line nu                                                                                                                                                                                                                     | mber only)      |                                                                         |                                                                                                                                 |  |  |  |  |  |  |

| SCHEDULE A (FEC Form 3X)                                                                                                           | Use separate schedule(s)                               | FOR LINE NUMBER: PAGE 22 OF 45                                   |  |  |  |  |  |  |
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| TEMIZED RECEIPTS                                                                                                                   | for each category of the                               | (check only one)                                                 |  |  |  |  |  |  |
|                                                                                                                                    | Detailed Summary Page                                  | 13 14 15 16 17                                                   |  |  |  |  |  |  |
| Any information copied from such Reports and Staten or for commercial purposes, other than using the name                          |                                                        |                                                                  |  |  |  |  |  |  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                                                 |                                                        |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) o                                                                            | or Full Organization Name                              | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address 601 PENNSYLVANIA AVENUE N                                                                                          |                                                        | 12 31 2017                                                       |  |  |  |  |  |  |
| ,                                                                                                                                  | State Zip Code<br>DC 20004-2601                        | Transaction ID : SA11C.58665  Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                         | C00007880                                              | 2500.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                                  | Occupation (for Individual)                            | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                                                                   | gregate Year-to-Date ▼ 2500.00                         |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) of INDEPENDENT INSURANCE AGENTS &  Mailing Address 20 F STREET, NW SUITE 610 |                                                        | Date of Receipt                                                  |  |  |  |  |  |  |
| SUITE 300                                                                                                                          | State Zip Code                                         | 12 31 2017  Transaction ID : SA11C.58666                         |  |  |  |  |  |  |
| WASHINGTON                                                                                                                         | DC 20001-6707                                          | Amount of Each Receipt this Period                               |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                         | C00022343                                              | 2500.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                                  | Occupation (for Individual)                            | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Receipt For: Ag Primary General                                                                                                    | gregate Year-to-Date ▼                                 |                                                                  |  |  |  |  |  |  |
| Other (specify) ▼                                                                                                                  | 2500.00                                                |                                                                  |  |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) of KPMG PAC                                                                  | or Full Organization Name                              | Date of Receipt                                                  |  |  |  |  |  |  |
| Mailing Address PO BOX 18254                                                                                                       |                                                        | 12 31 2017                                                       |  |  |  |  |  |  |
| ,                                                                                                                                  | State         Zip Code           DC         20036-8254 | Transaction ID : SA11C.58663  Amount of Each Receipt this Period |  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                                                         | C00280222                                              | 2500.00                                                          |  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                                  | Occupation (for Individual)                            | Memo Item CONTRIBUTION                                           |  |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify)                                                                                     | gregate Year-to-Date ▼ 5000.00                         |                                                                  |  |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)                                                                                          | <b>&gt;</b>                                            | 7500.00                                                          |  |  |  |  |  |  |
| TOTAL This Period (last page this line number only)                                                                                | <b>&gt;</b>                                            |                                                                  |  |  |  |  |  |  |

| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AX PAC  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  A. QUICKEN LOANS INC PAC  Mailing Address 101 S. WASHINGTON SQ.  SUITE 620  City  LANSING  State  LANSING  State  LANSING  Name of Employer (for Individual)  Coccupation (for Individual)  Coccupation (for Individual)  FEC ID number of contributing rederal political committee.  Primary  General  Coher (specify) ▼  State  Zip Code  48933-1708  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Explored  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Explored  Contributions  Contributions  Contributions  FEC ID number of contributing rederal political committee.  Contributions  Coccupation (for Individual)  Date of Receipt  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Explored  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Explored  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Explored  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Explored  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Explored  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Explored  Transaction ID: SA11C.58668  Transac  | S                 | CHEDULE A (FEC Form 3X)                             |               | Lieu conerate cohedule(e)         | FOR LINE NUMBER: PAGE 23 OF 45                |  |  |  |  |  |
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| Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitoritisations or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AX PAC  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  A. GUICKEN LOAN'S INC PAC  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  A. GUICKEN LOAN'S INC PAC  Full Name of Contributing federal political committee.  C C00388827  FEG ID number of contributing federal political committee.  C C00388827  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  B. UBS AMERICA'S INC. PAC  City State Zip Code  STAMFORD  Groupston (for Individual)  C C00012245  FEG ID number of contributing federal political committee.  C C00012245  FEG ID number of contributing federal political committee.  C C00012245  FEG ID number of contributing federal political committee.  C C00012245  FEG ID number of contributing federal political committee.  C C00012245  FEG ID number of contributing federal political committee.  C C00012245  FEG ID number of contributing federal political committee.  C C00012245  FEG ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing federal political committee.  C C00012245  FEC ID number of contributing  | ITEMIZED RECEIPTS |                                                     |               |                                   |                                               |  |  |  |  |  |
| ANAME OF COMMITTEE (in Full)  AX PAC  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  AQUICKEN LOANS INC PAC  Mailing Address 101 S. WASHINSTON SQ.  City  Sumber of contributions (Last, First, Middle Initial) or Full Organization Name  AQUICKEN LOANS INC PAC  Mailing Address 101 S. WASHINSTON SQ.  SUITE 620  City  State  LANSING  MI  Aggregate Year-to-Date ▼  Transaction ID: SA11C.58664  Amount of Each Receipt this Period  For Primary General  City  State    |                   |                                                     |               | Detailed Summary Page             |                                               |  |  |  |  |  |
| NAME OF COMMITTEE (In Full)  AX PAC  A CUICKEN LOANS INC PAC  Mailing Address  City  SulTe 620  City  State  LANSING  MI  Aggregate Year-to-Date ▼  Transaction ID: SA11C.58664  Amount of Each Receipt this Period  CONTRIBUTION  Memo Item  CONTRIBUTION  Date of Receipt  Transaction ID: SA11C.58664  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11C.58664  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11C.58664  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11C.58666  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  CONTRIBUTION  Date of Receipt  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Contributing rederal political committee.  Contributing rederal political committee.  Contributing rederal political committee.  Contributing rederal political committee.  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11C.58668  Amount of Each Receipt this Period  Contributing rederal political committee.  Contributing rederal political committee.  Contributing rederal political committee.  Maliling Address  City  State  Zip Code  Amount of Each Receipt this Period  Memo Item  Memo Item  Memo Item  Memo Item  Aggregate Year-to-Date ▼  Primary General Other (specify)  Subtotal of Receipt This Page (optional).                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                     |               |                                   |                                               |  |  |  |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  A QUICKEN LOANS INC PAC  Mailing Address 101 S. WASHINSTON SO. SUITE 620  City LANSING Mil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 01                |                                                     | name and a    | duress of any political committee | to solicit contributions from such committee. |  |  |  |  |  |
| A. QUICKEN LOANS INC PAC  Mailing Address 101 S. WASHINGTON SQ. SUITE 620  City  State  LANSING  State  St  |                   | , ,                                                 |               |                                   |                                               |  |  |  |  |  |
| SUITE 620 City LANSING State LANSING State LANSING STAMPORD FIG. ID number of contributing federal political committee.  FEC ID number of contributing STAMFORD FIG. ID number of contributing STAMFORD STAMFORD STAMFORD FIG. ID number of contributing STAMFORD FIG. ID number of contributing STAMFORD FIG. ID number of contributing STAMFORD STAMFORD STAMFORD FIG. ID number of contributing STAMFORD STAMFORD STAMFORD FIG. ID number of contributing STAMFORD | Α.                |                                                     | al) or Full O | rganization Name                  | Date of Receipt                               |  |  |  |  |  |
| City State Zip Code  EARNSING MI 48933-1708  FEC ID number of contributing federal political committee.  C C0388827  FUII Name of Individual (Last, First, Middle Initial) or Full Organization Name  B. UBS AMERICAS INC. PAC  Mailing Address City General  Other (specify) ▼  C C00012245  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  B. UBS AMERICAS INC. PAC  Mailing Address City State Zip Code  CT 06901-3512  Fec ID number of contributing federal political committee.  C C Company General Other (specify) ▼  C C C C C C C C C C C C C C C C C C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                     |               |                                   |                                               |  |  |  |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:    Primary   General   Aggregate Year-to-Date   Aggregate Year-to-Date   Date of Receipt this Period   Aggregate Year-to-Date   Aggregate Year-to-Date   Date of Receipt   Amount of Each Receipt this Period   Aggregate Year-to-Date   Date of Receipt   Amount of Each Receipt |                   | City                                                | 1             | '                                 | Transaction ID : SA11C.58664                  |  |  |  |  |  |
| Name of Employer (for Individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | LANSING                                             | MI            | 48933-1708                        | Amount of Each Receipt this Period            |  |  |  |  |  |
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| Receipt For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | Name of Employer (for Individual)                   | Occi          | upation (for Individual)          |                                               |  |  |  |  |  |
| Primary General Other (specify) ▼ 5000.00    Full Name of Individual (Last, First, Middle Initial) or Full Organization Name   B. UBS AMERICAS INC. PAC   Mailing Address 400 ATLANTIC STREET   C O PER DYRVIK   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Amount of Each Receipt this Period   Tanasaction ID. SA11C.58688   Tanasacti  |                   | Receipt For:                                        | Aggregate     | Year-to-Date ▼                    | CONTRIBUTION                                  |  |  |  |  |  |
| B. UBS AMERICAS INC. PAC  Mailing Address 400 ATLANTIC STREET C O PER DYRVIK  City STAMFORD  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  City  Mailing Address  City  State Zip Code CT 06901-3512  C 00012245  C 000012245  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼ C 000012245  FEC ID number of contributing federal political committee.  C C 00012245  FEC ID number of contributing federal political committee.  C C 00012245  FEC ID number of contributing federal political committee.  C C 00012245  Aggregate Year-to-Date ▼ Date of Receipt This Period  Amount of Each Receipt this Period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                     | riggrogato    |                                   | 1                                             |  |  |  |  |  |
| B. UBS AMERICAS INC. PAC  Mailing Address 400 ATLANTIC STREET  C O PER DYRVIK  City STAMFORD STAMFORD STAMFORD STAMFORD STAMFORD  C C 000012245  Name of Employer (for Individual)  Receipt For: Primary General Other (specify) State  City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State Contribution Contribu |                   | Other (specify) ▼                                   |               |                                   |                                               |  |  |  |  |  |
| C O PER DYRVIK  City STAMFORD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify) ▼  Mailing Address  City  State Zip Code  FEC ID number of contributing of the federal political committee.  City  State Zip Code  FEC ID number of Individual (Last, First, Middle Initial) or Full Organization Name  City  State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | В.                |                                                     | al) or Full O | rganization Name                  | Date of Receipt                               |  |  |  |  |  |
| STAMFORD  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify) ▼  CITY  State Zip Code  Amount of Each Receipt this Period  FUII Name of Individual (Last, First, Middle Initial) or FuII Organization Name  CITY  State Zip Code  Amount of Each Receipt this Period  Memo Item  CONTRIBUTION  Date of Receipt  Malling Address  City  State Zip Code  Amount of Each Receipt this Period  Memo Item  CONTRIBUTION  Memo Item  CONTRIBUTION  Date of Receipt  Mamount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date ▼  Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  10000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                     |               |                                   |                                               |  |  |  |  |  |
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| Name of Employer (for Individual)  Receipt For:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                     | СТ            | 06901-3512                        | Amount of Each Receipt this Period            |  |  |  |  |  |
| Receipt For: Primary General Other (specify)  Aggregate Year-to-Date  C.  Hailing Address City State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Occupation (for Individual)  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date   Aggregate Year-to-Date   SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   | •                                                   | C cod         | 0012245                           |                                               |  |  |  |  |  |
| Primary General Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  C.  Mailing Address  City  State  Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date ▼  Subtotal of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | Name of Employer (for Individual)                   | Occ           | upation (for Individual)          |                                               |  |  |  |  |  |
| Primary General Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  C.  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   | Receipt For:                                        | Aggregate     | Year-to-Date ▼                    |                                               |  |  |  |  |  |
| C.  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                     |               |                                   |                                               |  |  |  |  |  |
| Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _                 | Full Name of Individual (Last, First, Middle Initia | al) or Full O | rganization Name                  |                                               |  |  |  |  |  |
| City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C.                |                                                     |               |                                   | Date of Receipt                               |  |  |  |  |  |
| Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional).  Amount of Each Receipt this Period  Memo Item  10000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                     |               |                                   | M = M / D = D / Y = Y = Y                     |  |  |  |  |  |
| Name of Employer (for Individual)   Occupation (for Individual)   Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | City                                                | State         | Zip Code                          | Amount of Each Receipt this Period            |  |  |  |  |  |
| Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional).  Aggregate Year-to-Date ▼  10000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | · ·                                                 | С             |                                   |                                               |  |  |  |  |  |
| Receipt For:  Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   | ·                                                   | Occi          | unation (for Individual)          | Memo Item                                     |  |  |  |  |  |
| Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)  10000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                     |               | upation (for individual)          |                                               |  |  |  |  |  |
| Other (specify)  SUBTOTAL of Receipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | •                                                   | Aggregate     | Year-to-Date ▼                    |                                               |  |  |  |  |  |
| 30BTOTAL OF Neceipts This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                     |               | 4-1-4-1-4-1                       |                                               |  |  |  |  |  |
| 13500 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Γ.                | SURTOTAL of Receipts This Page (ontional)           |               |                                   | 10000.00                                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                     |               |                                   | 105000.00                                     |  |  |  |  |  |

TOTAL This Period (last page this line number only).....

| SCHEDULE B (FEC Form 3X)                                             |                                       |                                            | FOR LINE NUMBER: PAGE 24 C |           |                                                                                                              |              |                 |  |  |  |
|----------------------------------------------------------------------|---------------------------------------|--------------------------------------------|----------------------------|-----------|--------------------------------------------------------------------------------------------------------------|--------------|-----------------|--|--|--|
| ITEMIZED DISBURSEMENTS                                               |                                       | parate schedule(s)  n category of the      | (check onl                 | ,         |                                                                                                              | 26 27        |                 |  |  |  |
|                                                                      |                                       | Summary Page                               | <b>X</b> 21b 28a           | 22<br>28b | 23<br>28c                                                                                                    | 26           | 30b             |  |  |  |
| Any information copied from such Reports and Sta                     | tements may                           | not be sold or use                         |                            |           |                                                                                                              |              |                 |  |  |  |
| or for commercial purposes, other than using the n                   |                                       |                                            |                            |           |                                                                                                              |              |                 |  |  |  |
| NAME OF COMMITTEE (In Full)                                          |                                       |                                            |                            |           |                                                                                                              |              |                 |  |  |  |
| AX PAC                                                               |                                       |                                            |                            |           |                                                                                                              |              |                 |  |  |  |
| Full Name (Last, First, Middle Initial)                              |                                       |                                            |                            | D-tf I    | Di-1                                                                                                         |              |                 |  |  |  |
| A. CMDI, INC.                                                        |                                       |                                            |                            | Date of I | Jisbursei                                                                                                    |              | YYY             |  |  |  |
| Mailing Address 1593 SPRING HILL ROAD                                |                                       |                                            |                            | 07        | 18                                                                                                           |              | 2017            |  |  |  |
| SUITE 400                                                            | T -                                   | T                                          |                            |           |                                                                                                              |              |                 |  |  |  |
| City<br>VIENNA                                                       | State<br>VA                           | Zip Code<br>22182-2245                     |                            | FEC Idea  | ntification                                                                                                  | Number       |                 |  |  |  |
| Purpose of Disbursement                                              | 1                                     | 22102 2210                                 |                            | С         |                                                                                                              |              |                 |  |  |  |
| DATABASE SERVICES                                                    |                                       |                                            |                            |           | saction                                                                                                      | ID : SB21    | B.19454         |  |  |  |
| Candidate Name                                                       |                                       |                                            | Category/                  | 1         |                                                                                                              |              | ent this Period |  |  |  |
| Office Sought: House Disburs                                         | sement For:                           |                                            | Туре                       |           |                                                                                                              |              | 250.00          |  |  |  |
| Senate                                                               | Primary                               | General                                    |                            |           | 7 7 7                                                                                                        |              |                 |  |  |  |
| President                                                            | Other (sp                             | ecify) 🔻                                   |                            | Mem       | o Item                                                                                                       |              |                 |  |  |  |
| State: District:                                                     |                                       |                                            |                            |           |                                                                                                              |              |                 |  |  |  |
| Full Name (Last, First, Middle Initial)  B. RIVER VALLEY BANK CARDME | MDED                                  | NEDVICES                                   |                            | Date of I | Diehurea                                                                                                     | ment         |                 |  |  |  |
| 5. RIVER VALLET BAINK CARDINE                                        | INDER                                 | BERVICES                                   |                            | M M       | / D                                                                                                          |              | • Y • Y • Y     |  |  |  |
| Mailing Address P.O. BOX 790408                                      |                                       | State Zip Code                             |                            |           | 07 25 2017                                                                                                   |              |                 |  |  |  |
| City                                                                 | State<br>MO                           |                                            |                            |           | FEC Identification Number  C  Transaction ID : SB21B.I9449  Amount of Each Disbursement this Period  1012.64 |              |                 |  |  |  |
| ST. LOUIS Purpose of Disbursement                                    | IVIO                                  | MO 63179-1864                              |                            |           |                                                                                                              |              |                 |  |  |  |
| CREDIT CARD PAYMENT                                                  |                                       | Category/ Type  ment For:  Primary General |                            |           |                                                                                                              |              |                 |  |  |  |
| Candidate Name                                                       |                                       |                                            |                            |           |                                                                                                              |              |                 |  |  |  |
| Office Sought: House Disburs                                         | ement For:                            |                                            |                            |           |                                                                                                              |              |                 |  |  |  |
| Senate                                                               | _                                     |                                            |                            |           |                                                                                                              |              |                 |  |  |  |
| President                                                            | Other (sp                             | ecify)                                     | Memo Item                  |           |                                                                                                              |              |                 |  |  |  |
| State: District:                                                     |                                       |                                            |                            | П         |                                                                                                              |              |                 |  |  |  |
| Full Name (Last, First, Middle Initial)  C. AT&T                     |                                       |                                            |                            | Date of I | Disburse <sup>,</sup>                                                                                        | ment         |                 |  |  |  |
|                                                                      |                                       |                                            |                            | M M       | / D                                                                                                          | D / Y        | YYY             |  |  |  |
| Mailing Address 208 S. AKARD ST                                      | Mailing Address 208 S. AKARD ST       |                                            |                            |           |                                                                                                              | 7            | 2017            |  |  |  |
| City                                                                 | State                                 | Zip Code                                   |                            | FEC Ido   | ntification                                                                                                  | Number       |                 |  |  |  |
| DALLAS                                                               | TX                                    | 75202                                      |                            | C         | oalloll                                                                                                      | . I tullibel |                 |  |  |  |
| PHONE SERVICE                                                        | Purpose of Disbursement PHONE SERVICE |                                            |                            |           |                                                                                                              |              | D 10 10 T       |  |  |  |
| Candidate Name                                                       |                                       | B.I9497<br>ent this Period                 |                            |           |                                                                                                              |              |                 |  |  |  |
| 0/5                                                                  | Category/<br>Type                     |                                            |                            |           |                                                                                                              |              | 246.69          |  |  |  |
| Office Sought: House Disburs Senate                                  | General                               | 216.68                                     |                            |           |                                                                                                              |              |                 |  |  |  |
| President                                                            |                                       |                                            |                            | X Mem     | a Itam                                                                                                       |              |                 |  |  |  |
| State: District:                                                     |                                       |                                            |                            | Iviem     | o Item                                                                                                       |              |                 |  |  |  |
|                                                                      |                                       |                                            |                            |           |                                                                                                              |              | 1262.64         |  |  |  |
| SUBTOTAL of Disbursements This Page (optional                        | )                                     |                                            | ·····•                     |           | 7                                                                                                            |              | 1262.64         |  |  |  |
| TOTAL This Period (last page this line number on                     | lv)                                   |                                            |                            | 1         |                                                                                                              |              |                 |  |  |  |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                          |                                              | rate schedule(s) category of the | FOR LINE NUMBER: PAGE 25 OF (check only one) |                                                                      |  |  |  |  |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------|----------------------------------------------|----------------------------------------------------------------------|--|--|--|--|
|                                                                                                          |                                              | Summary Page                     | <b>X</b> 21b 28a                             | 22 23 26 27<br>28b 28c 29 30b                                        |  |  |  |  |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam |                                              |                                  |                                              |                                                                      |  |  |  |  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                       |                                              |                                  |                                              |                                                                      |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. CAPITOL HILL CLUB                                            |                                              |                                  |                                              | Date of Disbursement                                                 |  |  |  |  |
| Mailing Address 300 FIRST STRET SE                                                                       |                                              |                                  |                                              | 07 17 2017                                                           |  |  |  |  |
| ,                                                                                                        | State<br>DC                                  | Zip Code<br>20003                |                                              | FEC Identification Number                                            |  |  |  |  |
| FOOD/BEVERAGE Candidate Name                                                                             |                                              |                                  | Catagony                                     | Transaction ID : SB21B.I9469 Amount of Each Disbursement this Period |  |  |  |  |
|                                                                                                          | nent For:<br>Primary<br>Other (spec          | General ify) ▼                   | Category/<br>Type                            | 250.91                                                               |  |  |  |  |
| State: District:                                                                                         |                                              |                                  |                                              | Niemo item                                                           |  |  |  |  |
| Full Name (Last, First, Middle Initial)  B. CAPITOL HOST                                                 |                                              |                                  |                                              | Date of Disbursement                                                 |  |  |  |  |
| Mailing Address P.O. BOX 77896                                                                           |                                              |                                  |                                              | 07 17 2017                                                           |  |  |  |  |
| WASHINGTON                                                                                               | State<br>DC                                  | Zip Code<br>20013                |                                              | FEC Identification Number                                            |  |  |  |  |
| Purpose of Disbursement FOOD/BEVERAGE                                                                    | Category/<br>Type                            |                                  |                                              | Transaction ID : SB21B.I9474                                         |  |  |  |  |
| Candidate Name                                                                                           |                                              |                                  |                                              | Amount of Each Disbursement this Period                              |  |  |  |  |
|                                                                                                          | nent For:<br>Primary<br>Other (spec          | General                          |                                              | 62.85  Memo Item                                                     |  |  |  |  |
| State: District:  Full Name (Last, First, Middle Initial)                                                |                                              |                                  |                                              | Wellio Relli                                                         |  |  |  |  |
| C. UBER TECHNOLOGIES                                                                                     |                                              |                                  |                                              | Date of Disbursement                                                 |  |  |  |  |
| Mailing Address 1455 MARKET ST<br>FL 4                                                                   | -                                            |                                  |                                              |                                                                      |  |  |  |  |
|                                                                                                          | State Zip Code CA 94103-1611  Category/ Type |                                  |                                              | FEC Identification Number                                            |  |  |  |  |
| Candidate Name                                                                                           |                                              |                                  |                                              | Transaction ID: SB21B.I9532 Amount of Each Disbursement this Period  |  |  |  |  |
|                                                                                                          | nent For:<br>Primary<br>Other (spec          | General ify) ▼                   |                                              | 210.10 <b>X</b> Memo Item                                            |  |  |  |  |
| SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).     |                                              |                                  |                                              | 0.00                                                                 |  |  |  |  |

| SCHEDULE B (FEC Form 3X)               |                                                              | 11-                                        | FOR L                  | INE N    | UMBER:     |                                         | PAGE         | 26 O     | F 45   |            |               |  |
|----------------------------------------|--------------------------------------------------------------|--------------------------------------------|------------------------|----------|------------|-----------------------------------------|--------------|----------|--------|------------|---------------|--|
| ITEMIZED DISB                          | URSEMENTS                                                    | Use sepa                                   | (check                 |          |            |                                         |              |          |        |            |               |  |
|                                        |                                                              |                                            | Summary Page           |          | 21b<br>28a | 22<br>28b                               | 23<br>28c    |          | 26     | 27<br>30b  |               |  |
| Any information popied                 | from such Reports and State                                  | monte marri                                | not be seld or us      |          |            |                                         |              |          |        |            | one           |  |
|                                        | rom such Reports and State<br>oses, other than using the nar |                                            |                        |          |            |                                         |              |          |        |            |               |  |
| NAME OF COMMIT                         | ΓΕΕ (In Full)                                                |                                            |                        |          |            |                                         |              |          |        |            |               |  |
| AX PAC                                 |                                                              |                                            |                        |          |            |                                         |              |          |        |            |               |  |
| <u></u>                                |                                                              |                                            |                        |          |            |                                         |              |          |        |            |               |  |
| Full Name (Last, First A. CMDI, INC.   | st, Middle Initial)                                          |                                            |                        |          |            | Date of                                 | Disburs      | sement   | ł      |            |               |  |
| 7" CIVIDI, INC.                        |                                                              |                                            |                        |          |            | M M                                     | _            | D D      |        | YY         | V             |  |
| Mailing Address 159                    | 3 SPRING HILL ROAD                                           |                                            |                        |          |            | 08                                      |              | 17       |        | 2017       |               |  |
|                                        | TE 400                                                       |                                            |                        |          |            |                                         |              | =        |        |            |               |  |
| City<br>VIENNA                         |                                                              | State<br>VA                                | Zip Code<br>22182-2245 |          |            | FEC Ide                                 | entificatio  | on Nur   | mber   |            |               |  |
| Purpose of Disburse                    | ment                                                         | VA                                         | 22102-2243             |          |            | С                                       |              |          |        |            |               |  |
| DATABASE SERVIC                        |                                                              |                                            |                        | Γ΄.      |            |                                         | nsactio      | . ID . 1 | CD24D  | IOAEE      |               |  |
| Candidate Name                         |                                                              |                                            |                        | Category | v/         |                                         |              |          | -      | ent this P | eriod         |  |
|                                        |                                                              |                                            |                        | Type     |            |                                         |              |          |        | 250.00     | , —           |  |
| Office Sought:                         | House Disburse Senate                                        | ment For:                                  | Canaral                |          |            |                                         |              |          |        | 250.00     | ,             |  |
|                                        | President                                                    | Primary Other (spe                         | General Cify) ▼        |          |            |                                         |              |          |        |            |               |  |
| State: Di                              | strict:                                                      | Cirioi (opo                                | S.I.y) <b>∀</b>        |          |            | Me                                      | mo Item      |          |        |            |               |  |
| Full Name (Last, First                 | st, Middle Initial)                                          |                                            |                        |          |            |                                         |              |          |        |            |               |  |
| B. RIVER VALLE                         | EY BANK CARDMEN                                              | MBER SI                                    | ERVICES                |          |            | Date of                                 | Disburs      | ement    | i      |            |               |  |
| A                                      |                                                              |                                            |                        |          |            | M = M                                   |              | D        | / Y    | Y   Y   Y  | Y             |  |
| Mailing Address P.C                    | D. BOX 790408                                                |                                            |                        |          |            | 08                                      |              | 21       |        | 2017       | _             |  |
| City                                   |                                                              | State                                      | Zip Code               |          |            |                                         |              |          |        |            |               |  |
| ST. LOUIS                              |                                                              | MO                                         | 63179-1864             |          |            |                                         | entification | on Nur   | nber   |            |               |  |
| Purpose of Disburse<br>CREDIT CARD PAY |                                                              |                                            |                        |          |            | C                                       |              |          |        |            |               |  |
| Candidate Name                         | TVICTY1                                                      | Category/ Type  ment For:  Primary General |                        |          |            | Transaction ID : SB21B.I945             |              |          |        |            |               |  |
| Canadate Name                          |                                                              |                                            |                        |          | y/         | Amount of Each Disbursement this Period |              |          |        |            |               |  |
| Office Sought:                         | House Disburse                                               |                                            |                        |          |            |                                         |              |          |        | 14712.12   | 2             |  |
|                                        | Senate                                                       |                                            |                        |          |            | 7 7 7                                   |              |          |        |            |               |  |
|                                        | President                                                    | Other (specify)                            |                        |          |            | Memo Item                               |              |          |        |            |               |  |
|                                        | strict:                                                      |                                            |                        |          |            |                                         |              |          |        |            |               |  |
| Full Name (Last, First C. AMERICAN A   |                                                              |                                            |                        |          |            | Date of                                 | Disburs      | sement   | ł      |            |               |  |
| - AMENICAN A                           | IIXLIINLO                                                    |                                            |                        |          |            | M M                                     | _            | ■ D      |        | Y          | Y             |  |
| Mailing Address 433                    | 3 AMON CARTER BLVD                                           |                                            |                        |          |            | 08                                      |              | 21       |        | 2017       |               |  |
| Oth :                                  |                                                              | 04-4-                                      | 7:- 0-1-               |          |            |                                         |              |          |        |            |               |  |
| City<br>FORT WORTH                     |                                                              | State<br>TX                                | Zip Code<br>76155      |          |            | FEC Ide                                 | entification | on Nur   | mber   |            |               |  |
| Purpose of Disburse                    | ment                                                         |                                            | 70.00                  |          | _          | С                                       |              |          |        |            |               |  |
| TRAVEL                                 |                                                              |                                            |                        | 1        | Ш          |                                         | nsactio      | n ID :   | SB21B  | .19506     |               |  |
| Candidate Name                         |                                                              |                                            |                        | Category | y/         | Amount                                  | of Each      | า Disb   | urseme | ent this P | eriod         |  |
| Office Sought:                         | House                                                        | mont Ecr                                   |                        | Туре     |            |                                         |              |          |        | 2258.80    |               |  |
| Office Sought.                         |                                                              |                                            |                        |          |            |                                         | -            |          | 7      | 2200.00    |               |  |
|                                        | President                                                    | Other (spe                                 | ☐ General cify) ▼      |          |            | <b>X</b> Me                             | ma !+        |          |        |            |               |  |
| State: Di                              | strict:                                                      |                                            |                        |          |            | MINIE                                   | mo Item      |          |        |            |               |  |
|                                        | '                                                            |                                            |                        |          |            |                                         |              |          |        |            | $\overline{}$ |  |
| SUBTOTAL of Disburs                    | ements This Page (optional).                                 |                                            |                        |          | <b>•</b>   |                                         |              |          |        | 14962.1    | 2             |  |
| TOTAL This Desired #                   | at page this line name .                                     | `                                          |                        |          |            | Г.                                      |              |          |        |            |               |  |
| I IUIAL INIS Period (la                | st page this line number only                                | )                                          |                        |          |            |                                         |              |          | 4.0    |            |               |  |

| SCHEDULE B (FEC Form 3X)                             | lle: ::              | anata aab - dul- ( )              | FOR LIN           | IE NUMBE              | R:      |           |           | PAGE     | 27 C               | F 45   |
|------------------------------------------------------|----------------------|-----------------------------------|-------------------|-----------------------|---------|-----------|-----------|----------|--------------------|--------|
| ITEMIZED DISBURSEMENTS                               |                      | arate schedule(s) category of the | 1 (0110011 0      |                       |         | ٦.00      |           | · -      |                    |        |
|                                                      |                      | Summary Page                      | 21 22             |                       | ,  -    | 23<br>28c |           | 26<br>29 | 27<br>30b          |        |
| Any information copied from such Reports and Stater  | nente mov            | not be cold or                    |                   |                       |         |           |           |          |                    | ione   |
| or for commercial purposes, other than using the nan |                      |                                   |                   |                       |         |           |           |          |                    |        |
| NAME OF COMMITTEE (In Full)                          |                      |                                   |                   |                       |         |           |           |          |                    |        |
| AX PAC                                               |                      |                                   |                   |                       |         |           |           |          |                    |        |
| <u>/</u>                                             |                      |                                   |                   |                       |         |           |           |          |                    |        |
| Full Name (Last, First, Middle Initial)  A. AT&T     |                      |                                   |                   | Date                  | of D    | isburse   | ment      |          |                    |        |
| A A I & I                                            |                      |                                   |                   | M                     |         | D         |           | V        | YY                 | V      |
| Mailing Address 208 S. AKARD ST                      |                      |                                   |                   | 0.0                   |         | 2         |           |          | 2017               |        |
|                                                      |                      | T                                 |                   | $\perp$               |         |           |           |          |                    |        |
| City DALLAS                                          | State<br>TX          | Zip Code<br>75202                 |                   | FEC                   | Ident   | ification | n Num     | ber      |                    |        |
| Purpose of Disbursement                              |                      | 73202                             |                   | С                     |         | -         |           |          |                    |        |
| PHONE SERVICE                                        |                      |                                   | l                 |                       | Franc   | action    | ID · 6    | D21D     | 10.409             |        |
| Candidate Name                                       |                      |                                   | Category/         | - 1                   |         |           | _         |          | nt this F          | eriod  |
| Office Cought:                                       | F                    |                                   | Type              |                       |         |           |           | -        | 105.7              | 1      |
| Office Sought: House Disburser Senate                | nent For:<br>Primary | General                           |                   |                       | _       |           | 1 4       | 7        | 103.7              |        |
| President                                            | Other (spe           |                                   |                   |                       | 1000    | Item      |           |          |                    |        |
| State: District:                                     |                      |                                   |                   | X                     | vierrio | nem       |           |          |                    |        |
| Full Name (Last, First, Middle Initial)              |                      |                                   |                   |                       |         |           |           |          |                    |        |
| B. BLT PRIME TRUMP DC                                |                      |                                   |                   | Date                  | of D    | isburse   | ment      |          |                    |        |
| Mailing Address 1100 PENNSYLVANIA AVE NW             |                      |                                   |                   | O                     | M /     | 2         |           |          | 2017               | Y      |
| Maining Address 1100 PENNSTEVANIA AVE NW             |                      |                                   |                   |                       | 9       | -         |           |          | 2017               |        |
| City                                                 | State                | Zip Code                          |                   | FEC                   | Ident   | ification | n Num     | her      |                    |        |
| WASHINGTON Purpose of Disbursement                   | DC                   | 20004                             |                   |                       | 100110  | oatioi    | · · · · · |          |                    |        |
| CATERING/FACILITY RENTAL                             |                      |                                   |                   | C                     |         |           |           |          |                    |        |
| Candidate Name                                       |                      |                                   | Category/         | -                     |         | action    |           |          | I9462<br>nt this F | Pariod |
|                                                      |                      |                                   | Type              | AIIIO                 | ant of  | Lacii     | Disbu     | i serric | 111 11115 1        | enou   |
| Office Sought: House Disburser                       |                      |                                   |                   | ┐                     |         |           |           | ,        | 974.0              | 2      |
| Senate                                               | Primary              | General                           |                   | -                     |         |           |           |          |                    |        |
| President State: District:                           | Other (spe           | ecity)                            |                   |                       | Memo    | Item      |           |          |                    |        |
| Full Name (Last, First, Middle Initial)              |                      |                                   |                   |                       |         |           |           |          |                    |        |
| C. CAPITOL HILL CLUB                                 |                      |                                   |                   | Date                  | of D    | isburse   | ment      |          |                    |        |
|                                                      |                      |                                   |                   | M                     |         | D         | _         |          | YY                 | Υ      |
| Mailing Address 300 FIRST STRET SE                   |                      |                                   |                   | 0:                    | 3       | 2         | 1         | _        | 2017               |        |
| City                                                 | State                | Zip Code                          |                   |                       | 1-1     | :e: +:    | . N       |          |                    |        |
| WASHINGTON                                           | DC                   | 20003                             |                   | FEC                   | ident   | ification | ı Num     | iber     |                    |        |
| Purpose of Disbursement<br>FOOD/BEVERAGE             |                      |                                   |                   |                       |         |           |           |          |                    |        |
| Candidate Name                                       |                      |                                   |                   |                       |         | action    |           |          |                    |        |
| Candidate Name                                       |                      |                                   | Category/<br>Type | Amo                   | unt of  | Each      | Disbu     | rseme    | nt this F          | eriod  |
| Office Sought: House Disburser                       | nent For:            |                                   | - 7 P -           | $+$ $1$ $\overline{}$ | -       |           |           |          | 508.2              | 9      |
| Senate                                               | Primary              | General                           |                   |                       |         | 7         |           | 1        |                    |        |
| President                                            | Other (spe           | ecify) 🔻                          |                   | X                     | Memo    | Item      |           |          |                    |        |
| State: District:                                     |                      |                                   |                   |                       |         |           |           |          |                    |        |
| SUBTOTAL of Disbursements This Page (optional)       |                      |                                   |                   |                       |         | -         |           |          | 0.0                | 00     |
| GODICIAL OF DISDUISEMENTS THIS Page (optional)       |                      | •••••                             | ······            | - 1                   | =       | 7         | =         | 7        | - 4                | -      |
| TOTAL This Period (last page this line number only)  |                      |                                   |                   |                       |         |           |           |          |                    |        |

| SCHEDULE B (FEC Form 3X)                                                                                              | Use separate schedule(s)                          | FOR LINE          |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------|----------------------------------------------------------------------|
| ITEMIZED DISBURSEMENTS                                                                                                | for each category of the<br>Detailed Summary Page | 21b               | 22 23 26 27                                                          |
|                                                                                                                       |                                                   | 28a               | 28b 28c 29 30b                                                       |
| Any information copied from such Reports and State<br>or for commercial purposes, other than using the na             |                                                   |                   |                                                                      |
| NAME OF COMMITTEE (In Full)                                                                                           | V 1                                               |                   |                                                                      |
| AX PAC                                                                                                                |                                                   |                   |                                                                      |
| Full Name (Last, First, Middle Initial)                                                                               |                                                   | 1                 |                                                                      |
| Le DELTA AIRLINES                                                                                                     |                                                   |                   | Date of Disbursement                                                 |
|                                                                                                                       |                                                   |                   | M = M / D = D / Y = Y = Y                                            |
| Mailing Address 1030 DELTA BLVD                                                                                       |                                                   |                   | 08 21 2017                                                           |
| City                                                                                                                  | State Zip Code                                    |                   | FEC Identification Number                                            |
| ATLANTA                                                                                                               | GA 30354-7561                                     |                   |                                                                      |
| Purpose of Disbursement<br>TRAVEL                                                                                     |                                                   |                   | C                                                                    |
| Candidate Name                                                                                                        |                                                   | Cotogorii         | Transaction ID: SB21B.I9513  Amount of Each Disbursement this Period |
|                                                                                                                       |                                                   | Category/<br>Type |                                                                      |
|                                                                                                                       | ement For:                                        |                   | 2854.00                                                              |
| Senate                                                                                                                | Primary General                                   |                   |                                                                      |
| State: District:                                                                                                      | Other (specify) ▼                                 |                   | ✗ Memo Item                                                          |
| Full Name (Last, First, Middle Initial)                                                                               |                                                   |                   |                                                                      |
| GAYLORD NATIONAL                                                                                                      |                                                   |                   | Date of Disbursement                                                 |
| Mailing Address 201 WATERFRONT STREET                                                                                 |                                                   |                   | 08 21 2017                                                           |
| City                                                                                                                  | State Zip Code                                    |                   | FEC Identification Number                                            |
| NATIONAL HARBOR Purpose of Disbursement                                                                               | MD 20745                                          |                   | С                                                                    |
| TRAVEL                                                                                                                |                                                   |                   |                                                                      |
| Candidate Name                                                                                                        |                                                   | Category/         | Transaction ID: SB21B.I9516  Amount of Each Disbursement this Period |
| Office Cought: House Distance                                                                                         | amont For                                         | Type              | 363.12                                                               |
| Office Sought: House Disburse Senate                                                                                  | ement For:    Primary   General                   |                   | 303.12                                                               |
| President                                                                                                             | Other (specify)                                   |                   | X Memo Item                                                          |
| State: District:                                                                                                      |                                                   |                   | Memo Item                                                            |
| Full Name (Last, First, Middle Initial)                                                                               |                                                   |                   | Data of Dishumana                                                    |
| LA LOMA MEXICAN RESTAURA                                                                                              | NI                                                |                   | Date of Disbursement                                                 |
| Mailing Address 316 MASSACHUSETTS AVE NE                                                                              |                                                   |                   | 08 21 2017                                                           |
| City                                                                                                                  | State Zip Code                                    |                   | FEC Identification Number                                            |
| WASHINGTON                                                                                                            | DC 20002                                          |                   |                                                                      |
| Purpose of Disbursement<br>CATERING/FACILITY RENTAL                                                                   |                                                   |                   | C Transaction ID : SB21B.l9463                                       |
| Candidate Name                                                                                                        |                                                   | Category/<br>Type | Amount of Each Disbursement this Period                              |
| Office Sought: House Disburse                                                                                         | ement For:                                        | rype              | 721.70                                                               |
| Senate                                                                                                                | Primary General                                   |                   | 7 7 7                                                                |
| President                                                                                                             | Other (specify) ▼                                 |                   | X Memo Item                                                          |
| State: District:                                                                                                      |                                                   |                   | ш                                                                    |
| State: District:  SUBTOTAL of Disbursements This Page (optional).  TOTAL This Period (last page this line number only |                                                   | ······•           | 0.0                                                                  |

| SCHEDULE B (FEC Form 3X)                                                                                  | 11                    | anaka sala ad 1 ( )               | FOR LINE NUMBER: PAGE 29 OF |                |              |                          | F 45   |          |                             |        |
|-----------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|-----------------------------|----------------|--------------|--------------------------|--------|----------|-----------------------------|--------|
| ITEMIZED DISBURSEMENTS                                                                                    |                       | arate schedule(s) category of the | (check o                    |                |              | 00                       |        | <u> </u> |                             |        |
|                                                                                                           |                       | Summary Page                      | <b>X</b> 21                 |                |              | 23<br>28c                | 2 2    | L        | 27<br>30b                   |        |
| Any information copied from such Benevic and Otates                                                       | l<br>nonto mos:       | not be sold as                    |                             |                | $\perp$      |                          |        |          |                             | ione   |
| Any information copied from such Reports and Staten or for commercial purposes, other than using the name |                       |                                   |                             |                |              |                          |        |          |                             |        |
| NAME OF COMMITTEE (In Full)                                                                               |                       |                                   |                             |                |              |                          |        |          |                             |        |
| AX PAC                                                                                                    |                       |                                   |                             |                |              |                          |        |          |                             |        |
| <u>/</u>                                                                                                  |                       |                                   |                             |                |              |                          |        |          |                             |        |
| Full Name (Last, First, Middle Initial)                                                                   |                       |                                   |                             | Date           | of Die       | hurear                   | mont   |          |                             |        |
| A. LUMBERJACK VILLAGE                                                                                     |                       |                                   |                             | M              | _            | D                        |        | V        | YY                          | V      |
| Mailing Address 15640 W COUNTY ROAD B                                                                     |                       |                                   |                             | 08             | ,            | 21                       |        | 1        | 2017                        | '      |
|                                                                                                           |                       |                                   |                             |                |              |                          |        |          |                             |        |
| ,                                                                                                         | State<br>WI           | Zip Code                          |                             | FEC I          | dentifi      | cation                   | Num    | ber      |                             |        |
| HAYWARD Purpose of Disbursement                                                                           | VVI                   | 54843                             |                             |                |              |                          |        |          |                             |        |
| CATERING/FACILITY RENTAL                                                                                  |                       |                                   |                             |                |              | . 41                     | ID 0   | D04D     | 10.404                      |        |
| Candidate Name                                                                                            |                       |                                   | Category/                   |                |              | <b>ction I</b><br>Each [ | _      |          | . <b>19464</b><br>nt this P | eriod  |
|                                                                                                           |                       |                                   | Type                        |                | -            |                          |        |          | -                           | -      |
| Office Sought: House Disburser                                                                            |                       |                                   |                             |                |              |                          |        | 7        | 668.58                      | 3      |
| Senate   President                                                                                        | Primary<br>Other (spe | General                           |                             |                |              |                          |        |          |                             |        |
| State: District:                                                                                          | Othor (ope            | yony) V                           |                             | <b>X</b> M     | emo I        | tem                      |        |          |                             |        |
| Full Name (Last, First, Middle Initial)                                                                   |                       |                                   |                             |                |              |                          |        |          |                             |        |
| B. MASTRO'S STEAKHOUSE                                                                                    |                       |                                   |                             | Date of        | of Dis       | burser                   | ment   |          |                             |        |
|                                                                                                           |                       |                                   |                             | M = N          | И /          | D                        |        |          | Y Y                         | Υ      |
| Mailing Address 600 13TH ST NW                                                                            |                       |                                   |                             | 08             | _            | 21                       |        | _        | 2017                        |        |
| City                                                                                                      | State                 | Zip Code                          |                             | FFO            | al a .a.k:£: | 4:                       | Niver  | h        |                             |        |
| WASHINGTON                                                                                                | DC                    | 20005                             |                             | FEC I          | aentiti      | cation                   | Num    | ber      |                             |        |
| Purpose of Disbursement CATERING/FACILITY RENTAL                                                          |                       |                                   |                             | C              |              |                          |        |          |                             |        |
| Candidate Name                                                                                            |                       |                                   |                             | '              |              | ction I                  | _      |          |                             |        |
|                                                                                                           |                       |                                   | Category/<br>Type           | Amoui          | nt of E      | =ach l                   | Disbui | rseme    | nt this P                   | eriod  |
| Office Sought: House Disburser                                                                            | nent For:             |                                   |                             | <b>-</b>     [ |              |                          |        |          | 5140.3                      | 4      |
| Senate                                                                                                    | Primary               | General                           |                             |                |              |                          |        | ,        |                             |        |
|                                                                                                           | Other (spe            | ecify)                            |                             | X M            | emo I        | tem                      |        |          |                             |        |
| State: District:  Full Name (Last, First, Middle Initial)                                                 |                       |                                   |                             | +-             |              |                          |        |          |                             |        |
| C. THE MUSE HOTEL                                                                                         |                       |                                   |                             | Date of        | of Dis       | burser                   | ment   |          |                             |        |
|                                                                                                           |                       |                                   |                             | M I N          | И /          | D                        | D /    | Υ        | YY                          | Υ      |
| Mailing Address 130 W 46TH ST                                                                             |                       |                                   |                             | 08             |              | 21                       |        | L.       | 2017                        |        |
| City                                                                                                      | State                 | Zip Code                          |                             |                |              |                          |        |          |                             |        |
| NEW YORK                                                                                                  | NY                    | 10036-8501                        |                             | FEC I          | dentifi      | cation                   | Num    | ber      |                             |        |
| Purpose of Disbursement                                                                                   |                       |                                   |                             | C              |              |                          |        |          | .                           |        |
| TRAVEL                                                                                                    |                       |                                   |                             |                | ransa        | ction                    | ID : S | B21B     | .19529                      |        |
| Candidate Name                                                                                            |                       |                                   | Category/                   | Amoui          | nt of E      | Each [                   | Disbur | rseme    | nt this P                   | 'eriod |
| Office Sought: House Disburser                                                                            | nent For:             |                                   | Туре                        | -              |              |                          |        |          | 208.9                       | 1      |
| Senate                                                                                                    | Primary               | General                           |                             |                |              |                          |        | ,        | - 46                        |        |
| President                                                                                                 | Other (spe            | ecify) 🔻                          |                             | X M            | emo I        | tem                      |        |          |                             |        |
| State: District:                                                                                          |                       |                                   |                             | _ L            |              |                          |        |          |                             |        |
|                                                                                                           |                       |                                   |                             |                |              |                          |        |          | 0.0                         | 10     |
| SUBTOTAL of Disbursements This Page (optional)                                                            | •••••                 |                                   | ······                      |                | +            |                          |        |          | 0.0                         |        |
| TOTAL This Period (last page this line number only)                                                       |                       |                                   |                             |                |              |                          |        |          |                             |        |

| SCHEDULE B (FEC Form 3X)                                                                               | Use separate schedule(s)                          | FOR LINE            |                                                                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|
| TEMIZED DISBURSEMENTS                                                                                  | for each category of the<br>Detailed Summary Page | (check only 21b 28a | 7 one) 22 23 26 27 28b 28c 29 30b                                                                   |
| Any information copied from such Reports and State or for commercial purposes, other than using the na |                                                   |                     |                                                                                                     |
| NAME OF COMMITTEE (In Full) AX PAC                                                                     | and the state of any point                        |                     | 2001 0001111100                                                                                     |
| Full Name (Last, First, Middle Initial)  A. UBER TECHNOLOGIES                                          |                                                   |                     | Date of Disbursement                                                                                |
| Mailing Address 1455 MARKET ST<br>FL 4                                                                 |                                                   |                     | 08 21 2017                                                                                          |
| City<br>SAN FRANCISCO                                                                                  | State Zip Code CA 94103-1611                      |                     | FEC Identification Number                                                                           |
| Purpose of Disbursement TRAVEL Candidate Name                                                          |                                                   | Category/           | Transaction ID : SB21B.I9533 Amount of Each Disbursement this Period                                |
| Office Sought: House Disbursi Senate President                                                         | ement For:  Primary General  Other (specify) ▼    | Туре                | 64.73                                                                                               |
| State: District:  Full Name (Last, First, Middle Initial)  CROSBY OTTENHOFF GROUP                      |                                                   |                     | Memo Item  Date of Disbursement                                                                     |
| Mailing Address 611 PENNSYLVANIA AVE SE #267                                                           |                                                   |                     | 08 26 2017                                                                                          |
| City WASHINGTON Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name                           | State Zip Code 20003                              | Category/           | FEC Identification Number  C  Transaction ID : SB21B.I9445  Amount of Each Disbursement this Period |
| Office Sought:  House Senate President State: District:                                                | ement For: Primary General Other (specify)        | Type                | 750.00  Memo Item                                                                                   |
| Full Name (Last, First, Middle Initial)  CROSBY OTTENHOFF GROUP                                        |                                                   |                     | Date of Disbursement                                                                                |
| Mailing Address 611 PENNSYLVANIA AVE SE #267                                                           |                                                   |                     | 08 28 7 2017                                                                                        |
| City WASHINGTON Purpose of Disbursement                                                                | State Zip Code 20003                              |                     | FEC Identification Number                                                                           |
| COMPLIANCE CONSULTING Candidate Name                                                                   |                                                   | Category/           | Transaction ID : SB21B.l9446 Amount of Each Disbursement this Period                                |
| Office Sought: House Disburse Senate                                                                   | ement For:  Primary General  Other (specify) ▼    | Туре                | 750.00                                                                                              |
| President                                                                                              | Other (specify)                                   |                     | Memo Item                                                                                           |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                           |                                     | rate schedule(s)                | FOR LINE I        | -                                                                   |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------|-------------------|---------------------------------------------------------------------|
|                                                                                                           |                                     | category of the<br>Summary Page | <b>X</b> 21b 28a  | 22 23 26 27<br>28b 28c 29 30b                                       |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name |                                     |                                 |                   |                                                                     |
| NAME OF COMMITTEE (In Full)  AX PAC                                                                       |                                     |                                 |                   |                                                                     |
| Full Name (Last, First, Middle Initial)  A. RIVER VALLEY BANK CARDMEM                                     | BER SE                              | RVICES                          |                   | Date of Disbursement                                                |
| Mailing Address P.O. BOX 790408                                                                           |                                     |                                 |                   | 09 11 2017                                                          |
| ST. LOUIS                                                                                                 | tate<br>MO                          | Zip Code<br>63179-1864          |                   | FEC Identification Number                                           |
| Purpose of Disbursement CREDIT CARD PAYMENT                                                               |                                     |                                 |                   | Transaction ID : SB21B.I9451                                        |
| Candidate Name                                                                                            |                                     |                                 | Category/<br>Type | Amount of Each Disbursement this Period                             |
|                                                                                                           | ient For:<br>Primary<br>Other (spec | General ify) ▼                  |                   | 573.53<br>Memo Item                                                 |
| State: District:                                                                                          |                                     |                                 |                   | Wellio Item                                                         |
| Full Name (Last, First, Middle Initial)  B. AT&T                                                          |                                     |                                 |                   | Date of Disbursement                                                |
| Mailing Address 208 S. AKARD ST                                                                           |                                     |                                 |                   | 09 11 2017                                                          |
| DALLAS                                                                                                    | tate<br>TX                          | Zip Code<br>75202               |                   | FEC Identification Number                                           |
| Purpose of Disbursement PHONE SERVICE                                                                     |                                     |                                 |                   | C Transaction ID : SB21B.I9499                                      |
| Candidate Name                                                                                            |                                     |                                 | Category/<br>Type | Amount of Each Disbursement this Period                             |
|                                                                                                           | Primary                             | General                         |                   | 105.68                                                              |
| President State: District:                                                                                | Other (spec                         | ify)                            |                   | <b>X</b> Memo Item                                                  |
| Full Name (Last, First, Middle Initial)  C. CAPITOL HILL CLUB                                             |                                     |                                 |                   | Date of Disbursement                                                |
| Mailing Address 300 FIRST STRET SE                                                                        |                                     |                                 |                   | 09 11 2017                                                          |
| ,                                                                                                         | tate<br>DC                          | Zip Code<br>20003               |                   | FEC Identification Number                                           |
| Candidate Name                                                                                            |                                     |                                 | Category/<br>Type | Transaction ID: SB21B.I9471 Amount of Each Disbursement this Period |
|                                                                                                           | nent For:<br>Primary<br>Other (spec | General ify) ▼                  | 1,500             | 322.22 <b>X</b> Memo Item                                           |
| SUBTOTAL of Disbursements This Page (optional)                                                            |                                     |                                 |                   | 573.53                                                              |
| TOTAL This Period (last page this line number only)                                                       |                                     |                                 |                   | 4 4 4                                                               |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                             | Use separate schedule(s)                               | FOR LINE (check only |                                                 |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------|-------------------------------------------------|
| ITEWILED DISBURSEMENTS                                                                                      | for each category of the<br>Detailed Summary Page      | 21b<br>28a           | 22 23 26 27<br>28b 28c 29 30b                   |
| Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the nam |                                                        |                      |                                                 |
| NAME OF COMMITTEE (In Full)  AX PAC                                                                         | o and address of any point                             |                      | SOLOT CONTINUES.                                |
| Full Name (Last, First, Middle Initial)  A. UBER TECHNOLOGIES                                               |                                                        |                      | Date of Disbursement                            |
| Mailing Address 1455 MARKET ST<br>FL 4                                                                      |                                                        |                      | 09 11 2017                                      |
| SAN FRANCISCO                                                                                               | State         Zip Code           CA         94103-1611 |                      | FEC Identification Number                       |
| Purpose of Disbursement TRAVEL Candidate Name                                                               |                                                        |                      | C Transaction ID : SB21B.I9534                  |
| Office Sought: House Disbursen                                                                              | gent For:                                              | Category/<br>Type    | Amount of Each Disbursement this Period  125.02 |
| Senate President                                                                                            | Primary General Other (specify) ▼                      |                      | <b>✗</b> Memo Item                              |
| State: District:                                                                                            |                                                        |                      |                                                 |
| Full Name (Last, First, Middle Initial)  B. CMDI, INC.                                                      |                                                        |                      | Date of Disbursement                            |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400                                                             |                                                        |                      | 09 26 2017                                      |
| VIÉNNA                                                                                                      | State Zip Code<br>VA 22182-2245                        |                      | FEC Identification Number                       |
| Purpose of Disbursement DATABASE SERVICES                                                                   |                                                        |                      | Transaction ID : SB21B.I9456                    |
| Candidate Name                                                                                              |                                                        | Category/<br>Type    | Amount of Each Disbursement this Period         |
|                                                                                                             | Primary General Other (specify)                        |                      | 250.00                                          |
| State: District:                                                                                            | Other (specify)                                        |                      | Memo Item                                       |
| Full Name (Last, First, Middle Initial)  C. CROSBY OTTENHOFF GROUP                                          |                                                        |                      | Date of Disbursement                            |
| Mailing Address 611 PENNSYLVANIA AVE SE #267                                                                |                                                        |                      | 10 16 2017                                      |
| City S<br>WASHINGTON                                                                                        | State Zip Code 20003                                   |                      | FEC Identification Number                       |
| Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name                                                |                                                        |                      | C Transaction ID : SB21B.I9447                  |
|                                                                                                             |                                                        | Category/<br>Type    | Amount of Each Disbursement this Period         |
| President                                                                                                   | nent For:  Primary General  Other (specify)            |                      | 750.00<br>Memo Item                             |
| State: District:                                                                                            |                                                        |                      |                                                 |
| SUBTOTAL of Disbursements This Page (optional)                                                              |                                                        | ······               | 1000.00                                         |
| TOTAL This Period (last page this line number only).                                                        |                                                        |                      |                                                 |

| 50          | CHEDULE B (FEC Form 3X)                                   | 11-                                   |                                   | FOR             | LINE       | NUMBER:     |        |                     |         | PAGE     | 33 C                         | )F 45  |
|-------------|-----------------------------------------------------------|---------------------------------------|-----------------------------------|-----------------|------------|-------------|--------|---------------------|---------|----------|------------------------------|--------|
| IT          | EMIZED DISBURSEMENTS                                      |                                       | arate schedule(s) category of the | (check          | -          |             |        | 00                  |         | -<br>-   |                              |        |
|             |                                                           | Detailed                              | Summary Page                      | X               | 21b<br>28a | 22<br>28b   |        | 23<br>28c           |         | 26<br>29 | 27<br>30b                    |        |
| Λ-          | ny information copied from such Reports and Stater        | nente may                             | not he sold or us                 | ed by any       |            |             |        |                     |         |          |                              | ione   |
|             | for commercial purposes, other than using the name        |                                       |                                   |                 |            |             |        |                     |         |          |                              |        |
| $\setminus$ | NAME OF COMMITTEE (In Full)                               |                                       |                                   |                 |            |             |        |                     |         |          |                              |        |
| $  \rangle$ | AX PAC                                                    |                                       |                                   |                 |            |             |        |                     |         |          |                              |        |
| $\angle$    |                                                           |                                       |                                   |                 |            |             |        |                     |         |          |                              |        |
| Δ           | Full Name (Last, First, Middle Initial)  CMDI, INC.       |                                       |                                   |                 |            | Date of     | f Dis  | hurser              | ment    |          |                              |        |
| ,           | CIVIDI, INC.                                              |                                       |                                   |                 |            | M M         | 7 /    | D                   |         | V        | YY                           | V      |
|             | Mailing Address 1593 SPRING HILL ROAD                     |                                       |                                   |                 |            | 10          | '      | 17                  |         | 1.       | 2017                         |        |
|             | SUITE 400                                                 |                                       |                                   |                 |            |             |        |                     |         |          |                              |        |
|             | City VIENNA                                               | State<br>VA                           | Zip Code<br>22182-2245            |                 |            | FEC Id      | entifi | cation              | Nun     | nber     |                              |        |
|             | Purpose of Disbursement                                   | VA                                    | 22102-2243                        |                 |            | С           |        |                     |         | -        | -                            |        |
|             | DATABASE SERVICES                                         |                                       |                                   |                 |            |             |        | ation l             | ID . G  | B21B     | 10.457                       |        |
|             | Candidate Name                                            |                                       |                                   | Categor         | v/         |             |        |                     |         |          | .1945 <i>1</i><br>ent this F | Period |
|             |                                                           |                                       |                                   | Туре            | -          |             |        | -                   | -       | -        | 250.0                        |        |
|             | Office Sought: House Disburser Senate                     | nent For:<br>Primary                  | General                           |                 |            |             |        |                     | _       | 7        | 250.0                        | U      |
|             | President                                                 | Other (spec                           |                                   |                 |            | П.,         |        |                     |         |          |                              |        |
|             | State: District:                                          | отпо: (оро                            | o,, <b>v</b>                      |                 |            | Me          | mo I   | ltem                |         |          |                              |        |
|             | Full Name (Last, First, Middle Initial)                   |                                       |                                   |                 |            |             |        |                     |         |          |                              |        |
| В.          | RIVER VALLEY BANK CARDMEN                                 | IBER SI                               | ERVICES                           |                 |            | Date of     | f Dis  | burser              | ment    |          |                              |        |
|             | M. W. A.I.I.                                              |                                       |                                   |                 |            | M = M       | 1      | D                   | _       | Υ        | Y   Y                        | Y      |
|             | Mailing Address P.O. BOX 790408                           |                                       |                                   |                 |            | 10          | 4      | 17                  | /       |          | 2017                         |        |
|             | City                                                      | State                                 | Zip Code                          |                 |            |             | A: 4:  |                     | Nim     |          |                              |        |
|             | ST. LOUIS                                                 | MO                                    | 63179-1864                        |                 |            | FEC Id      | entiti | cation              | Nun     | nber     | _                            |        |
|             | Purpose of Disbursement CREDIT CARD PAYMENT               |                                       |                                   |                 |            | C           |        |                     |         |          |                              |        |
|             | Candidate Name                                            |                                       |                                   |                 | _          |             |        |                     |         | B21B     |                              |        |
|             | Carradate Name                                            |                                       |                                   | Categor<br>Type | y/         | Amoun       | t of E | Each I              | Disbu   | ırseme   | ent this F                   | Period |
|             | Office Sought: House Disburser                            | nent For:                             |                                   | .,,,,           |            |             |        |                     |         |          | 3382.8                       | 8      |
|             | Senate                                                    | Primary                               | General                           |                 |            |             |        |                     |         | ,        |                              |        |
|             | President                                                 | Other (spec                           | cify)                             |                 |            | Me          | mo I   | Item                |         |          |                              |        |
| _           | State: District:                                          |                                       |                                   |                 |            |             |        |                     |         |          |                              |        |
| C           | Full Name (Last, First, Middle Initial)  AMAZON.COM       |                                       |                                   |                 |            | Date of     | f Dis  | burser              | ment    |          |                              |        |
| •           | AIVIAZON.COIVI                                            |                                       |                                   |                 |            | M = M       |        | D                   |         | Y        | YY                           | Υ      |
|             | Mailing Address 1516 2ND AVENUE                           |                                       |                                   |                 |            | 10          |        | 16                  | _       | L.       | 2017                         |        |
|             | City                                                      | Diata                                 | Zin Code                          |                 |            |             |        |                     |         |          |                              | _      |
|             | City SEATTLE                                              | State<br>WA                           | Zip Code<br>98101-1543            |                 |            | FEC Id      | entifi | cation              | Nun     | nber     |                              |        |
|             | Purpose of Disbursement                                   | · · · · · · · · · · · · · · · · · · · | 12.0. 10.0                        | _               | $\neg$     | С           |        |                     |         |          | - 1                          |        |
|             | OFFICE SUPPLIES                                           |                                       |                                   | L               |            |             | ansa   | ction               | ID : \$ | B21B     | .19495                       |        |
|             | Candidate Name                                            |                                       |                                   | Categor         | y/         | Amoun       | t of E | Each I              | Disbu   | ırseme   | ent this F                   | Period |
|             | Office Sought: House Disburser                            | nent For:                             |                                   | Type            |            |             |        |                     |         | -        | 1264.9                       | 5      |
|             | Senate Dispulser                                          | Primary                               | General                           |                 |            |             |        |                     | -       | 7        | 01.0                         |        |
|             | President                                                 | Other (spec                           |                                   |                 |            | <b>X</b> Me | mo I   | ltom                |         |          |                              |        |
| _           | State: District:                                          |                                       | <u> </u>                          |                 |            | IVIE        | IO I   | ıı <del>c</del> III |         |          |                              |        |
| Г           | ·                                                         |                                       |                                   |                 |            |             | -      | -                   | -       | -        |                              |        |
| s           | UBTOTAL of Disbursements This Page (optional)             |                                       |                                   |                 | •          |             |        | ,                   | _       | 7        | 3632.8                       | 38     |
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|             | <b>OTAL</b> This Period (last page this line number only) |                                       |                                   |                 |            |             |        | 4                   | 100     | 4        | 100                          |        |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                             | Use separate sche         |             | FOR LINE I        | one)          | PAGE 34 OF 45                                         |
|-------------------------------------------------------------------------------------------------------------|---------------------------|-------------|-------------------|---------------|-------------------------------------------------------|
|                                                                                                             | Detailed Summary          | Page        | <b>X</b> 21b 28a  | 22<br>28b     | 23 26 27<br>28c 29 30b                                |
| Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the nam |                           |             |                   |               |                                                       |
| NAME OF COMMITTEE (In Full)  AX PAC                                                                         | and dealess of the        | ., pointout |                   |               |                                                       |
| Full Name (Last, First, Middle Initial)  A. AT&T                                                            |                           |             |                   | Date of Dis   | sbursement                                            |
| Mailing Address 208 S. AKARD ST                                                                             |                           |             |                   | 10            | 16 2017                                               |
| DALLAS                                                                                                      | State Zip Coo<br>TX 75202 |             |                   |               | fication Number                                       |
| Purpose of Disbursement PHONE SERVICE Candidate Name                                                        |                           | [           | Category/         |               | action ID : SB21B.I9500 Each Disbursement this Period |
|                                                                                                             |                           | eneral      | Type              |               | 105.68                                                |
| State: District:                                                                                            | Cirior (opcony)           |             |                   | <b>★</b> Memo | Item                                                  |
| Full Name (Last, First, Middle Initial)  B. CAPITOL HILL CLUB  Mailing Address 300 FIRST STRET SE           |                           |             |                   | Date of Dis   | sbursement  16  17  2017                              |
| WASHINGTON                                                                                                  | State Zip Coo<br>DC 20003 |             |                   |               | fication Number                                       |
| Purpose of Disbursement FOOD/BEVERAGE Candidate Name                                                        |                           | [           | Category/         |               | ction ID : SB21B.I9472 Each Disbursement this Period  |
|                                                                                                             |                           | eneral      | Туре              | <b>X</b> Memo | 200.68<br>Item                                        |
| Full Name (Last, First, Middle Initial) C. DELTA AIRLINES                                                   |                           |             |                   |               | sbursement                                            |
| Mailing Address 1030 DELTA BLVD                                                                             |                           |             |                   | 10            | 16 2017                                               |
| City ATLANTA Purpose of Disbursement TRAVEL                                                                 | State Zip Coo<br>GA 30354 |             |                   | С             | fication Number                                       |
| Candidate Name                                                                                              |                           | 7           | Category/<br>Type |               | Each Disbursement this Period                         |
| Office Sought: House Disbursen Senate President State: District:                                            |                           | eneral      |                   | <b>✗</b> Memo | 1095.60<br>Item                                       |
| SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)         |                           |             |                   |               | 0.00                                                  |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                                  | Use separate sch                     |               | FOR LINE I        |              | PAGE 35 OF 45                                          |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------|-------------------|--------------|--------------------------------------------------------|
| TILIMIZED DISBONSEMILIAIS                                                                                        | for each category<br>Detailed Summar |               | 21b<br>28a        | 22           | 23 26 27<br>28c 29 30b                                 |
| Any information copied from such Reports and Stater or for commercial purposes, other than using the nan         |                                      |               |                   |              |                                                        |
| NAME OF COMMITTEE (In Full)  AX PAC                                                                              |                                      |               |                   |              |                                                        |
| Full Name (Last, First, Middle Initial)  A. UBER TECHNOLOGIES                                                    |                                      |               |                   | Date of Disl | bursement                                              |
| Mailing Address 1455 MARKET ST<br>FL 4                                                                           |                                      |               |                   | 10           | 16 2017                                                |
| City SAN FRANCISCO Purpose of Disbursement                                                                       | State Zip Co<br>CA 94103             | ode<br>3-1611 |                   |              | cation Number                                          |
| TRAVEL  Candidate Name                                                                                           |                                      | [             | Category/         |              | ction ID : SB21B.I9535 Each Disbursement this Period   |
| Office Sought: House Disburser Senate President State: District:                                                 |                                      | ieneral       | Type              | Memo I       | 188.18                                                 |
| Full Name (Last, First, Middle Initial)  B. CROSBY OTTENHOFF GROUP  Mailing Address 611 PENNSYLVANIA AVE SE #267 |                                      |               |                   | Date of Disl | bursement  16 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y  |
|                                                                                                                  | State Zip Co<br>DC 20003             |               |                   | FEC Identifi | cation Number                                          |
| COMPLIANCE CONSULTING Candidate Name                                                                             |                                      | [             | Category/<br>Type | Transac      | ction ID: SB21B.I9448<br>Each Disbursement this Period |
| Office Sought:    House   Disburser                                                                              |                                      | eneral        |                   | Memo I       | 820.36<br>tem                                          |
| Full Name (Last, First, Middle Initial)  C. CMDI, INC.                                                           |                                      |               |                   | Date of Disl | bursement                                              |
| Mailing Address 1593 SPRING HILL ROAD<br>SUITE 400                                                               | ,                                    |               |                   | 11           | 17 2017                                                |
| City VIENNA Purpose of Disbursement DATABASE SERVICES                                                            | State Zip Co<br>VA 2218:             | ode<br>2-2245 |                   | С            | cation Number                                          |
| Candidate Name                                                                                                   |                                      |               | Category/<br>Type |              | Each Disbursement this Period                          |
| Office Sought:  House Senate President State:  Disburser  Senate  President                                      |                                      | ieneral       |                   | Memo I       | 250.00<br>tem                                          |
| SUBTOTAL of Disbursements This Page (optional)                                                                   |                                      |               | <b>&gt;</b>       |              | 1070.36                                                |
| TOTAL This Period (last page this line number only)                                                              | )                                    |               |                   |              |                                                        |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS                                                              | Use separat<br>for each cat            | e schedule(s)         | (Greek Grily Grie) |                                                                      |  |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|--------------------|----------------------------------------------------------------------|--|
|                                                                                                              | Detailed Sur                           | mmary Page            | <b>X</b> 21b 28a   | 22 23 26 27<br>28b 28c 29 30b                                        |  |
| Any information copied from such Reports and Statem<br>or for commercial purposes, other than using the nam- |                                        |                       |                    |                                                                      |  |
| NAME OF COMMITTEE (In Full) AX PAC                                                                           |                                        | , pontod              |                    |                                                                      |  |
| Full Name (Last, First, Middle Initial)  A. RIVER VALLEY BANK CARDMEM                                        | BER SER                                | RVICES                |                    | Date of Disbursement                                                 |  |
| Mailing Address P.O. BOX 790408                                                                              |                                        |                       |                    | 11 22 2017                                                           |  |
| ST. LOUIS                                                                                                    |                                        | ip Code<br>63179-1864 |                    | FEC Identification Number                                            |  |
| Purpose of Disbursement CREDIT CARD PAYMENT                                                                  |                                        |                       |                    | Transaction ID : SB21B.I9453                                         |  |
| Candidate Name                                                                                               |                                        |                       | Category/<br>Type  | Amount of Each Disbursement this Period                              |  |
|                                                                                                              | nent For: Primary Other (specify       | General               |                    | 9553.93                                                              |  |
| State: District:                                                                                             |                                        | , <b>▼</b>            |                    | Memo Item                                                            |  |
| Full Name (Last, First, Middle Initial)  B. AMAZON.COM  Mailing Address 1516 2ND AVENUE                      |                                        |                       |                    | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |  |
| ,                                                                                                            |                                        | ip Code<br>98101-1543 |                    | FEC Identification Number                                            |  |
| Purpose of Disbursement OFFICE SUPPLIES                                                                      |                                        | 32.01 10-10           |                    | C Property In appear in the                                          |  |
| Candidate Name                                                                                               |                                        |                       | Category/<br>Type  | Transaction ID: SB21B.I9496  Amount of Each Disbursement this Period |  |
|                                                                                                              | nent For: Primary  Other (specify)     | General               |                    | 18.88                                                                |  |
| State: District:                                                                                             |                                        |                       |                    | Memo Item                                                            |  |
| Full Name (Last, First, Middle Initial)  C. AT&T                                                             |                                        |                       |                    | Date of Disbursement                                                 |  |
| Mailing Address 208 S. AKARD ST                                                                              |                                        |                       |                    | 11 16 2017                                                           |  |
| ,                                                                                                            |                                        | ip Code<br>75202      |                    | FEC Identification Number                                            |  |
| Candidate Name                                                                                               |                                        |                       | Category/<br>Type  | Transaction ID : SB21B.I9501 Amount of Each Disbursement this Period |  |
|                                                                                                              | nent For:<br>Primary<br>Other (specify | General →             | . , , , ,          | 105.67 <b>X</b> Memo Item                                            |  |
| SUBTOTAL of Disbursements This Page (optional)                                                               |                                        |                       |                    | 9553.93                                                              |  |
| TOTAL This Period (last page this line number only)                                                          |                                        |                       |                    | 3555.55                                                              |  |

| SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS                                                          | Use separate schedule(s)                          | FOR LINE (check only      |                                                                      |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------|----------------------------------------------------------------------|
| I LIVIIZED DISBURSEMENTS                                                                                | for each category of the<br>Detailed Summary Page | (enteat emy<br>21b<br>28a | 22 23 26 27<br>28b 28c 29 30b                                        |
| Any information copied from such Reports and Stat<br>or for commercial purposes, other than using the n |                                                   |                           |                                                                      |
| NAME OF COMMITTEE (In Full) AX PAC                                                                      |                                                   |                           |                                                                      |
| Full Name (Last, First, Middle Initial) - CAPITOL HILL CLUB                                             |                                                   |                           | Date of Disbursement                                                 |
| Mailing Address 300 FIRST STRET SE                                                                      |                                                   |                           | 11 16 2017                                                           |
| City<br>WASHINGTON                                                                                      | State Zip Code 20003                              |                           | FEC Identification Number                                            |
| Purpose of Disbursement FOOD/BEVERAGE  Candidate Name                                                   |                                                   | Category/                 | Transaction ID : SB21B.I9473 Amount of Each Disbursement this Period |
| Office Sought: House Disburs Senate President                                                           | ement For: Primary General Other (specify) ▼      | Type                      | 310.78 <b>X</b> Memo Item                                            |
| State: District:                                                                                        |                                                   |                           | × Memo item                                                          |
| Full Name (Last, First, Middle Initial)  - DELTA AIRLINES                                               |                                                   |                           | Date of Disbursement                                                 |
| Mailing Address 1030 DELTA BLVD                                                                         | _                                                 |                           | 11 16 2017                                                           |
| City ATLANTA Purpose of Disbursement                                                                    | State   Zip Code   GA   30354-7561                |                           | FEC Identification Number                                            |
| TRAVEL  Candidate Name                                                                                  |                                                   | Category/<br>Type         | Transaction ID : SB21B.I9515 Amount of Each Disbursement this Period |
| Senate                                                                                                  | ement For: Primary General                        | .,,,,                     | 1097.60                                                              |
| State: President District:                                                                              | Other (specify)                                   |                           | ✗ Memo Item                                                          |
| Full Name (Last, First, Middle Initial) - HOUSE GIFT SHOP                                               |                                                   |                           | Date of Disbursement                                                 |
| Mailing Address UNITED STATES CAPITOL                                                                   |                                                   |                           | 11 16 2017                                                           |
| City<br>WASHINGTON                                                                                      | State Zip Code DC 20510                           |                           | FEC Identification Number                                            |
| Purpose of Disbursement DONOR MEMENTOS  Candidate Name                                                  |                                                   | Ceterony                  | Transaction ID : SB21B.I9468 Amount of Each Disbursement this Period |
| Office Sought: House Disburs Senate President                                                           | sement For: Primary General Other (specify) ▼     | Category/<br>Type         | 115.20                                                               |
|                                                                                                         |                                                   |                           |                                                                      |

| ITEMIZED DICDUDOCMENTO                                                                                                                                                                    | Use sepa            | rate schedule(s)             | FOR LINE (check only |                                                                                                                                                               |
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| ITEMIZED DISBURSEMENTS                                                                                                                                                                    | for each of         | category of the Summary Page | 21b<br>28a           | 22 23 26 27<br>28b 28c 29 30b                                                                                                                                 |
| Any information copied from such Reports and State or for commercial purposes, other than using the na                                                                                    |                     |                              |                      |                                                                                                                                                               |
| NAME OF COMMITTEE (In Full) AX PAC                                                                                                                                                        |                     | - ·                          |                      |                                                                                                                                                               |
| Full Name (Last, First, Middle Initial)  A. STANTON & GREENE                                                                                                                              |                     |                              |                      | Date of Disbursement                                                                                                                                          |
| Mailing Address 319 PENNSYLVANIA AVE SE                                                                                                                                                   |                     |                              |                      | 11 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                                                                                                   |
| City<br>WASHINGTON                                                                                                                                                                        | State<br>DC         | Zip Code<br>20003            |                      | FEC Identification Number                                                                                                                                     |
| Purpose of Disbursement<br>CATERING/FACILITY RENTAL                                                                                                                                       |                     |                              |                      | C Transaction ID : SB21B.l9466                                                                                                                                |
| Candidate Name  Office Sought: House Disburse                                                                                                                                             | ement For:          |                              | Category/<br>Type    | Amount of Each Disbursement this Period 7124.68                                                                                                               |
| Senate President                                                                                                                                                                          | Primary Other (spec | General <b>▼</b>             |                      | <b>✗</b> Memo Item                                                                                                                                            |
| State: District:                                                                                                                                                                          | _                   |                              |                      | wichie Reili                                                                                                                                                  |
| Full Name (Last, First, Middle Initial)  B. TOTALLYPROMOTIONAL.COM                                                                                                                        |                     |                              |                      | Date of Disbursement                                                                                                                                          |
| Mailing Address 450 S 2ND ST                                                                                                                                                              | To: .               | T 0 1                        |                      | 11 16 2017                                                                                                                                                    |
| City COLDWATER Purpose of Disbursement PRINTING                                                                                                                                           | State<br>OH         | Zip Code<br>45828            |                      | FEC Identification Number                                                                                                                                     |
| Candidate Name                                                                                                                                                                            |                     | l.                           | Category/<br>Type    | Transaction ID: SB21B.I9504 Amount of Each Disbursement this Period                                                                                           |
|                                                                                                                                                                                           | ement For:          | Comoral                      |                      | 269.75                                                                                                                                                        |
| Senate                                                                                                                                                                                    | ,                   | General                      |                      | _                                                                                                                                                             |
| State: Senate  President  District:                                                                                                                                                       | Other (spec         |                              |                      | <b>X</b> Memo Item                                                                                                                                            |
| State: President State: District:  Full Name (Last, First, Middle Initial)                                                                                                                | ,                   |                              |                      | Date of Disbursement                                                                                                                                          |
| State: President District:  Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES  Mailing Address 1455 MARKET ST FL 4                                                             | Other (spec         | ify)                         |                      |                                                                                                                                                               |
| State: President District:  Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES  Mailing Address 1455 MARKET ST                                                                  | ,                   |                              |                      | Date of Disbursement                                                                                                                                          |
| President State: District:  Full Name (Last, First, Middle Initial)  C. UBER TECHNOLOGIES  Mailing Address 1455 MARKET ST FL 4  City SAN FRANCISCO Purpose of Disbursement TRAVEL         | Other (spec         | Zip Code                     |                      | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                                                                           |
| President District:  Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES  Mailing Address 1455 MARKET ST FL 4  City SAN FRANCISCO Purpose of Disbursement TRAVEL  Candidate Name | Other (spec         | Zip Code                     | Category/<br>Type    | Date of Disbursement  M M M / D D / Y Y Y Y Y  11 16 2017  FEC Identification Number  C  Transaction ID: SB21B.I9536  Amount of Each Disbursement this Period |
| President District:  Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES  Mailing Address 1455 MARKET ST FL 4  City SAN FRANCISCO Purpose of Disbursement TRAVEL  Candidate Name | Other (spec         | Zip Code<br>94103-1611       |                      | Date of Disbursement  11 16 2017  FEC Identification Number  C  Transaction ID: SB21B.I9536                                                                   |

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| Detailed Summary Page   28   28   28   28   28   28   28   2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ITEMIZED DISBURSEMENTS                              |            |                             | l '          | ·               |             |           | 0.7              |
| Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AX PAC  Full Name (Last, First, Middle Initial)  A CMDI, INC.  Mailing Address 1958 SPRING HILL ROAD SUITE 400  City VIENNA Purpose of Disbursement DATABASE SERVICES Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B.  City Purpose of Disbursement  District  Full Name (Last, First, Middle Initial)  B.  City State  District  Full Name (Last, First, Middle Initial)  B.  City  State  Disbursement For:  Sonate Primary Other (specify)  Type  FEC Identification Number  City  Amount of Each Disbursement this Period  Type  FEC Identification Number  City  Amount of Each Disbursement this Period  Type  FEC Identification Number  City  Amount of Each Disbursement  Tity  Full Name (Last, First, Middle Initial)  C.  City  State  Disbursement  District  Full Name (Last, First, Middle Initial)  Category/ Type  FEC Identification Number  City  Amount of Each Disbursement  Tity  Fell Identification Number  City  Full Name (Last, First, Middle Initial)  C.  State:  District  Full Name (Last, First, Middle Initial)  C.  State:  District  Full Name (Last, First, Middle Initial)  District  Full Name (Last, First, Middle Initial)  C.  State:  District  Full Name (Last, First, Middle Initial)  C.  City  State:  District  Galegory/ Type   |                                                     |            |                             |              |                 |             |           |                  |
| or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  AX PAC  Full Name (Last, First, Middle Initial)  City  Sultre 400  City  Sundada Name  Category/ Type  City  State  Primary  Category/ Type  City  State  City  State  City  State  City  State  City  State  City  State  City  Category/ Type  City  Category/ City  Category/ Type  City  Category/ Type  City  Category/ City  Category/ City  Category/ Type  City  Category/ Type  City  Category/ City  Category/ Type  City  Category/ City  Category/ Type  City  Category/ City  Cat  | Any information copied from such Reports and State  | aments may | not be sold or use          |              |                 |             |           |                  |
| AX PAC  Full Name (Last, First, Middle Initial)  A. CMDI, INC.  Mailing Address 1593 SPRING HILL ROAD SUITE 400  City VIENNA Purpose of Disbursement | or for commercial purposes, other than using the na | ame and ad | dress of any politic        | al committee | to solicit cont | ributions   | from such | committee.       |
| Full Name (Last, First, Middle Initial)  A. CMDI, INC.  Mailing Address 1593 SPRING HILL ROAD SUITE 400  City VIENNA Sure Clay State VIENNA Category VIENNA Office Sought: House President District: Full Name (Last, First, Middle Initial)  B. Mailing Address City Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Category Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Category Office Sought: House Disbursement For: Senate President Other (specify)  Furnose of Disbursement Candidate Name  Category Office Sought: House Disbursement For: Senate President Other (specify)  Full Name (Last, First, Middle Initial)  C. Category Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Category Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category Office Sought: House President Primary General Memoritem Mumber Complete First Middle Initial)  Substate: District: Memoritem Mumber Complete Initial Memoritem Memoritem Memoritem Number Complete Initial Number Complete   | NAME OF COMMITTEE (In Full)                         |            |                             |              |                 |             |           |                  |
| A. CMDI, INC.  Mailing Address 1593 SPRING HILL ROAD SUITE 400  City VIENNA  City VIENNA  Category/ Amount of Each Disbursement DATABASE SERVICES  Candidate Name  City State  Disbursement For: Senate President State: Disbursement  Category/ Amount of Each Disbursement this Period  Purpose of Disbursement  Candidate Name  Category/ Amount of Each Disbursement this Period  Test I Name (Last, First, Middle Initial)  B.  Category/ Amount of Each Disbursement  Category/ Amount of Each Disbursement  Category/ Amount of Each Disbursement  Candidate Name  Category/ Category/ Category/ Amount of Each Disbursement  Candidate Name  Category/ Category/ Category/ Amount of Each Disbursement this Period  FEC Identification Number  Candidate Name  Category/ Category/ Amount of Each Disbursement this Period  FEC Identification Number  Candidate Name  Category/ Category  | AX PAC                                              |            |                             |              |                 |             |           |                  |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400  City VIENNA VIE  |                                                     |            |                             |              | Data of         | Dialarma    |           |                  |
| Mailing Address 1903 SPRING HILL ROAD SUITE 400  City  VIENNA  Category/  Vippe  Category/  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | A. CMDI, INC.                                       |            |                             |              |                 |             |           |                  |
| City VIENNA Purpose of Disbursement DATABASE SERVICES Candidate Name  Office Sought: House Senate Primary Other (specify)  Mailing Address  City State Disbursement Category/ Type  Disbursement Category/ Type  Disbursement  Category/ Type  Disbursement  Category/ Type  Disbursement  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Category/ Type  Disbursement  Category/ Type  Disbursement  Category/ Type  Category/ Type  Disbursement  Category/ Type  Disbursement  Category/ Type  Disbursement  Category/ Type  Disbursement  Category/ Type  Disbursement For: Senate Primary General Other (specify)  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Disbursement  District  District  Subarotal of Disbursement this Period                                                                                                                                                                                                                                                                                                                                                                                                                    | Mailing Address 1593 SPRING HILL ROAD               |            |                             |              |                 |             |           |                  |
| VIENNA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     | I          | 1                           |              |                 |             |           |                  |
| Purpose of Disbursement DATABASE SERVICES Candidate Name  Office Sought: House Senate Primary General Disbursement this Period  Full Name (Last, First, Middle Initial)  B.  Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Disbursement For: Senate Primary General Candidate Name Office Sought: House Primary General Office Sought: Disbursement Candidate Name Office Sought: President Disbursement For: Senate Primary General Other (specify)  FEC Identification Number Category/ Type  Memo Item  Date of Disbursement this Period  FEC Identification Number Category/ Type  Memo Item  Date of Disbursement this Period  FEC Identification Number Category/ Type  Type  Office Sought: President District:  Full Name (Last, First, Middle Initial) C.  Category/ Type  Office Sought: President District:  FEC Identification Number Category/ Type  Amount of Each Disbursement  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: Primary General                                                                                                                                                                                                                                                                                                                                                                     | •                                                   |            |                             |              | FEC Ide         | ntification | Number    |                  |
| Category/ Office Sought: House Disbursement For: Senate President State: District:  Mailing Address  City Senate President Disbursement For: Senate President State: Disbursement For: Senate President Other (specify)  Full Name (Last, First, Middle Initial)  Category/ Type  Date of Disbursement  Category/ Type  FEC Identification Number  Category/ Type  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Fec Identification Number  Category/ Type  Date of Disbursement this Period  Fell Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  FEC Identification Number  Category/ Type  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Memo Item  State: Disbursement Tor: Senate President State: Disbursement For: Senate President Other (specify) ▼  Memo Item  Substate: Disbursement This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     | VA         | 22102-2243                  |              |                 |             |           |                  |
| Cardidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  State: District: Primary General President State: District: Senate President State: District: Primary General President State: District: Primary General President State: District: Primary General President Grippe of Disbursement For: General President Grippe of Disbursement For: General President Grippe of Disbursement Grippe  | DATABASE SERVICES                                   |            |                             |              |                 | saction     | ID · SR21 | R 19459          |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Candidate Name                                      |            |                             |              |                 |             | _         |                  |
| Senate President Other (specify)    State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: Amount of Each Disbursement this Period  Tother (specify)  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Other (specify)  Date of Disbursement this Period  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Senate Primary General Primary General President  Category/ Type  Office Sought: House Senate Primary General Primary General President  State: District: Memo Item  Substortal of Disbursement this Period  Memo Item  Substortal of Disbursement this Period  Memo Item  Substortal of Disbursement This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Office Cought: House Dishure                        |            |                             | Type         |                 |             |           | 250.00           |
| State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     | _          | General                     |              |                 | 7           | 7         | 200.00           |
| State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     | _          |                             |              | Mon             | no Itom     |           |                  |
| Mailing Address  City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State: District:                                    |            |                             |              | L WEI           | io item     |           |                  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                   |            |                             |              | D               | D: 1        |           |                  |
| Mailing Address  City  Purpose of Disbursement  Candidate Name  City  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  Purpose of Disbursement  Candidate Name  City  Purpose of Disbursement  Candidate Name  Condidate Name  Condidate Name  City  Purpose of Disbursement  Candidate Name  Condidate Nam  | ь.                                                  |            |                             |              | Date of         |             |           |                  |
| Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Office Sought: House Primary General Other (specify)  Category/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: General Other (specify) Memo Item  Substitute: District: Memo Item  Substitute: District: Memo Item  Substitute: District: Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mailing Address                                     |            |                             |              | _ M = M         | /           | D / Y     |                  |
| Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Office Sought: House Primary General Other (specify)  Category/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: Gategory/ Type  Office Sought: House Disbursement For: General Other (specify) Memo Item  Substitute: District: Memo Item  Substitute: District: Memo Item  Substitute: District: Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |            |                             |              |                 |             |           |                  |
| Candidate Name  Category/ Type  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City                                                | State      | Zip Code                    |              | FEC Ide         | ntification | Number    |                  |
| Candidate Name  Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Purpose of Disbursement                             |            |                             |              | C               |             |           |                  |
| Office Sought: House Senate Primary General Primary General Disbursement For:  Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General Other (specify) Memo Item  State: District:  Substate: District: Memo Item  FEC Identification Number  Category/ Type  Office Sought: House Senate Primary General Other (specify) Memo Item  Substate: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |            |                             | L            |                 |             |           |                  |
| Office Sought:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Candidate Name                                      |            |                             |              | Amount          | of Each I   | Disbursem | ent this Period  |
| Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) Memo Item  State: District:  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Office Sought: House Disburs                        | ement For  |                             | туре         |                 |             |           |                  |
| State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substock Amount of Each Disbursement this Period  Memo Item  Amount of Each Disbursement this Period  Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     | _          | General                     |              |                 | 7           |           |                  |
| Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought:  House Senate President State:  District:  Substrict:  District:  District:  District:  Date of Disbursement  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     | Other (sp  | ecify)                      |              | Men             | no Item     |           |                  |
| City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  M M M / D D / YYYYY  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |            |                             |              |                 |             |           |                  |
| City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,                                                   |            |                             |              | Date of         | Disburse    | ment      |                  |
| City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District: Memo Item  Subtraction Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |            |                             |              | M = M           | / D         | D / Y     | YYYY             |
| Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute Su  | Mailing Address                                     |            |                             |              |                 |             | _         |                  |
| Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                                | State      | Zip Code                    |              | FEC Ide         | ntification | Number    |                  |
| Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Purpose of Disbursement                             |            |                             |              |                 |             |           |                  |
| Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |            |                             |              |                 |             |           |                  |
| Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Candidate Name                                      |            |                             |              | Amount          | of Each I   | Disbursem | nent this Period |
| State: Other (specify)   Substrict: Memo Item  250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Office Sought: House Disburs                        | ement For: | I                           | - 7          | 71::            | -           | 1.45      |                  |
| State: District:  SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                     |            |                             |              |                 |             |           |                  |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | Other (sp  | ecify) $\blacktriangledown$ |              | Men             | no Item     |           |                  |
| 22005 46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State. District.                                    |            |                             |              |                 |             |           |                  |
| 22005.40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SUBTOTAL of Disbursements This Page (optional)      |            |                             |              |                 |             | 1         | 250.00           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |            |                             |              |                 |             | ,         | 22905.46         |

| SCHEDULE B (FEC Form 3X)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11                | anata sala 1.1.4.5                      | FOR LINE          | NUMBER:   |               | PAGE 40 OF 45                           |
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| ITEMIZED DISBURSEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   | parate schedule(s)<br>a category of the | (orlook orm)      |           | <b></b> 00    |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | Summary Page                            | 21b<br>28a        | 22<br>28b | 23<br>28c     | 26 27<br>29 30b                         |
| Any information copied from such Reports and Stat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | omonto mov        | not be sold or                          |                   |           |               |                                         |
| or for commercial purposes, other than using the n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                         |                   |           |               |                                         |
| NAME OF COMMITTEE (In Full)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                         |                   |           |               |                                         |
| AX PAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                         |                   |           |               |                                         |
| <u>/</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                         |                   |           |               |                                         |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                         |                   | Date of   | Disbursem     | ent                                     |
| A. NRCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                         |                   | M M       | / D D         | /                                       |
| Mailing Address 320 1ST STREET SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                         |                   | 09        | 11            | 2017                                    |
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| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br>DC       | Zip Code                                |                   | FEC Ide   | ntification I | Number                                  |
| WASHINGTON Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DC                | 20003-1838                              |                   |           | 200075000     |                                         |
| CONTRIBUTION TO COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                         |                   |           | 00075820      |                                         |
| Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                         | Category/         |           |               | SB23.I9550 isbursement this Period      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         | Type              |           |               |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ement For:        |                                         |                   |           | 7             | 10000.00                                |
| Senate President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other (spe        | General                                 |                   |           |               |                                         |
| State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | Jony) ▼                                 |                   | Men       | no Item       |                                         |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                         |                   |           |               |                                         |
| B. NRCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                         |                   | Date of   | Disbursem     | ent                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         |                   | M = M     | / D D         | / Y = Y = Y                             |
| Mailing Address 320 1ST STREET SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                         |                   | 09        | 11            | 2017                                    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State             | Zip Code                                |                   | FEC Ide   | ntification I | Number                                  |
| WASHINGTON Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DC                | 20003-1838                              |                   |           |               |                                         |
| CONTRIBUTION TO COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                         |                   |           | 00075820      |                                         |
| Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                         | Category/         |           |               | : SB23.I9551<br>isbursement this Period |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         | Type              | 7         | 0. 240 2.     |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ement For:        |                                         |                   |           | 7             | 5000.00                                 |
| Senate   President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Primary Other (en | General                                 |                   | _         |               |                                         |
| State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other (spe        | ecity)                                  |                   | Men       | no Item       |                                         |
| Full Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                         |                   |           |               |                                         |
| C. NRCC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                         |                   | Date of   | Disbursem     | ent                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         |                   | M = M     | / D D         | /                                       |
| Mailing Address 320 1ST STREET SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                         |                   | 09        | 11            | 2017                                    |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State             | Zip Code                                |                   | FEC Ide   | ntification I | Number                                  |
| WASHINGTON Purpose of Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DC                | 20003-1838                              |                   |           |               |                                         |
| CONTRIBUTION TO COMMITTEE - BUILDING F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FUND              |                                         |                   |           | 00075820      |                                         |
| Candidate Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                         | Catagory          |           |               | SB23.l9552<br>sbursement this Period    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                         | Category/<br>Type | Amount    | or Lacir Di   | Soursement this renou                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ement For:        |                                         |                   |           | 7             | 10000.00                                |
| Senate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Primary           | General                                 |                   |           |               |                                         |
| State: District:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other (spe        | есіту) ▼                                |                   | Men       | no Item       |                                         |
| District.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                         |                   |           |               |                                         |
| SUBTOTAL of Disbursements This Page (optional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | )                 |                                         |                   |           |               | 25000.00                                |
| The state of the s | ,                 |                                         |                   | -         | 7             | 7                                       |
| TOTAL This Period (last page this line number on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ly)               |                                         |                   |           |               | . ,                                     |

| ITEMIZED DISBURSEMENTS                                                                                                                                                                                                       | Use separate schedule(s) for each category of the Detailed Summary Page                           | FOR LINE<br>(check only<br>21b<br>28a | _                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Any information copied from such Reports and Staten or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  AX PAC                                                                                |                                                                                                   |                                       |                                                                                                                                |
| Full Name (Last, First, Middle Initial)  A. NRCC  Mailing Address 320 1ST STREET SE                                                                                                                                          |                                                                                                   |                                       | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                                            |
| WASHINGTON Purpose of Disbursement CONTRIBUTION TO COMMITTEE - BUILDING FU Candidate Name  Office Sought: House Disbursen                                                                                                    |                                                                                                   | Category/<br>Type                     | FEC Identification Number  C C00075820  Transaction ID: SB23.I9558 Amount of Each Disbursement this Period  5000.00  Memo Item |
| MONTGOMERY Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name ROBY, MARTHA, , ,  Office Sought:  House  Disbursen Senate  X                                                                                   | State Zip Code AL 36101  ment For: 2018 Primary General Other (specify)                           | Category/<br>Type                     | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                                            |
| Full Name (Last, First, Middle Initial)  C. GLENN GROTHMAN FOR CONGI  Mailing Address P.O. BOX 1215  City FOND DU LAC Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name GROTHMAN, GLENN, S.,, Office Sought: | RESS  State Zip Code 54936-1215  ment For: 2018 Primary General Other (specify)   Other (specify) | Category/<br>Type                     | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                                            |
| SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)                                                                                                                          |                                                                                                   |                                       | 7000.00                                                                                                                        |

| SCHEDULE B (FEC Form 3X)                                                                                  | Use separate schedule(s)                               | FOR LINE (check only |                                                 |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------|-------------------------------------------------|
| ITEMIZED DISBURSEMENTS                                                                                    | for each category of the<br>Detailed Summary Page      | 21b<br>28a           | 22 <b>x</b> 23 26 27 28b 28c 29 30b             |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the name |                                                        |                      |                                                 |
| NAME OF COMMITTEE (In Full)  AX PAC                                                                       | o and address of any points                            |                      | SOURCE COMMISSION OF THE SAME SOURCE            |
| Full Name (Last, First, Middle Initial)  A. GLENN GROTHMAN FOR CONGI                                      | RESS                                                   |                      | Date of Disbursement                            |
| Mailing Address P.O. BOX 1215                                                                             |                                                        |                      | 09 25 2017                                      |
| FOND DU LAC                                                                                               | State         Zip Code           WI         54936-1215 |                      | FEC Identification Number                       |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE                                                         |                                                        |                      | C C00561597  Transaction ID : SB23.l9546        |
| Candidate Name GROTHMAN, GLENN, S.,,                                                                      |                                                        | Category/<br>Type    | Amount of Each Disbursement this Period         |
| Senate x                                                                                                  | nent For: 2018  Primary General  Other (specify) ▼     |                      | 1000.00  Memo Item                              |
| State: WI District: 06  Full Name (Last, First, Middle Initial)                                           |                                                        |                      |                                                 |
| B. SMUCKER FOR CONGRESS                                                                                   |                                                        |                      | Date of Disbursement                            |
| Mailing Address 248 STEEL WAY PO BOX 7066                                                                 |                                                        |                      | 09 26 2017                                      |
| LANCASTER                                                                                                 | State Zip Code<br>PA 17601                             |                      | FEC Identification Number                       |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE Candidate Name                                          |                                                        |                      | C C00599464  Transaction ID : SB23.I9554        |
| SMUCKER, LLOYD , K., ,                                                                                    |                                                        | Category/<br>Type    | Amount of Each Disbursement this Period 4000.00 |
| Senate                                                                                                    | nent For: 2018 Primary General                         |                      | 4000.00                                         |
| State: PA District: 16                                                                                    | Other (specify)                                        |                      | Memo Item                                       |
| Full Name (Last, First, Middle Initial)  C. GEORGE HOLDING FOR CONGR                                      | ESS INC.                                               |                      | Date of Disbursement                            |
| Mailing Address 1705 KNOX RD                                                                              |                                                        |                      | 11 16 2017                                      |
| ,                                                                                                         | State Zip Code<br>NC 27608                             |                      | FEC Identification Number                       |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE                                                         | ,                                                      |                      | C C00499236  Transaction ID : SB23.l9544        |
| Candidate Name HOLDING, GEORGE, E, , MR.                                                                  |                                                        | Category/<br>Type    | Amount of Each Disbursement this Period         |
| Senate President                                                                                          | nent For: 2018  Primary General  Other (specify) ▼     |                      | 1000.00  Memo Item                              |
| State: NC District: 13                                                                                    |                                                        |                      |                                                 |
| SUBTOTAL of Disbursements This Page (optional)                                                            |                                                        | ·····•               | 6000.00                                         |
| TOTAL This Period (last page this line number only).                                                      |                                                        |                      |                                                 |

| SCHEDULE B (FEC Form 3X)                            | 11                                                | FOR LINE          |                                                                    |
|-----------------------------------------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------------|
| ITEMIZED DISBURSEMENTS                              | Use separate schedule(s) for each category of the | (check only       |                                                                    |
|                                                     | Detailed Summary Page                             | 21b<br>28a        | 22 <b>x</b> 23 26 27 28b 28c 29 30b                                |
| Any information copied from such Reports and State  | ments may not be sold or use                      |                   |                                                                    |
| or for commercial purposes, other than using the na |                                                   |                   |                                                                    |
| NAME OF COMMITTEE (In Full)                         |                                                   |                   |                                                                    |
| AX PAC                                              |                                                   |                   |                                                                    |
| Full Name (Last, First, Middle Initial)             |                                                   |                   |                                                                    |
| A. MIKE BOST FOR CONGRESS CO                        | OMMITTEE                                          |                   | Date of Disbursement                                               |
|                                                     |                                                   |                   | M M / D D / Y Y Y Y                                                |
| Mailing Address 5 PORTER LANE                       |                                                   |                   | 11 16 2017                                                         |
| City                                                | State Zip Code                                    |                   | FEC Identification Number                                          |
| MURPHYSBORO                                         | IL 62966                                          |                   | FEC Identification Number                                          |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE   |                                                   |                   | C C00546499                                                        |
| Candidate Name                                      |                                                   |                   | Transaction ID : SB23.I9548                                        |
| BOST, MICHAEL, , ,                                  |                                                   | Category/<br>Type | Amount of Each Disbursement this Period                            |
|                                                     | ment For: 2018                                    |                   | 1000.00                                                            |
| Senate                                              | Primary General                                   |                   |                                                                    |
| State: IL District: 12                              | Other (specify) ▼                                 |                   | Memo Item                                                          |
| Full Name (Last, First, Middle Initial)             |                                                   |                   |                                                                    |
| B. PITTENGER FOR CONGRESS L                         | LC                                                |                   | Date of Disbursement                                               |
|                                                     | -                                                 |                   | M = M / D = D / Y = Y = Y                                          |
| Mailing Address P.O. BOX 11207                      |                                                   |                   | 11 16 2017                                                         |
| City                                                | State Zip Code                                    |                   | FEC Identification Number                                          |
| CHARLOTTE Purpose of Disbursement                   | NC 28220                                          |                   |                                                                    |
| CONTRIBUTION TO COMMITTEE                           |                                                   |                   | C C00514513                                                        |
| Candidate Name                                      |                                                   | Category/         | Transaction ID: SB23.I9553 Amount of Each Disbursement this Period |
| PITTENGER, ROBERT, M.,, TH                          |                                                   | Type              |                                                                    |
|                                                     | ment For: 2018                                    |                   | 1000.00                                                            |
| Senate x                                            | Primary General Other (specify)                   |                   |                                                                    |
| State: NC District: 09                              | Canon (opcomy)                                    |                   | Memo Item                                                          |
| Full Name (Last, First, Middle Initial)             |                                                   |                   |                                                                    |
| C. BRINGING AMERICA TOGETHE                         | R PAC                                             |                   | Date of Disbursement                                               |
| Mailing Address 217 3RD STREET SE                   |                                                   |                   | 11 16 2017                                                         |
|                                                     |                                                   |                   |                                                                    |
| City                                                | State Zip Code                                    |                   | FEC Identification Number                                          |
| WASHINGTON Purpose of Disbursement                  | DC 20003                                          |                   | C C00647354                                                        |
| CONTRIBUTION TO COMMITTEE                           |                                                   |                   | C C00647354  Transaction ID : SB23.l9541                           |
| Candidate Name                                      |                                                   | Category/         | Amount of Each Disbursement this Period                            |
| Office Sought:                                      | mont For said                                     | Type              | 1000.00                                                            |
| Conoto                                              | ment For: 2018  Primary General                   |                   | 1000.00                                                            |
| President X                                         | Other (specify)                                   |                   | Mome Item                                                          |
| State: District:                                    |                                                   |                   | Memo Item                                                          |
|                                                     |                                                   |                   | 2000.00                                                            |
| SUBTOTAL of Disbursements This Page (optional).     |                                                   | ·····•            | 3000.00                                                            |
| TOTAL This Period (last page this line number only  | ·)                                                |                   |                                                                    |
|                                                     | ,                                                 |                   |                                                                    |

| SCHEDULE B (FEC Form 3X)                                                                                  | Use separate schedule(s)                          | FOR LINE (check only |                                                                                   |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------|
| ITEMIZED DISBURSEMENTS                                                                                    | for each category of the<br>Detailed Summary Page | 21b<br>28a           | 22 <b>x</b> 23 26 27 28b 28c 29 30b                                               |
| Any information copied from such Reports and Staten or for commercial purposes, other than using the name |                                                   |                      |                                                                                   |
| NAME OF COMMITTEE (In Full)  AX PAC                                                                       |                                                   |                      |                                                                                   |
| Full Name (Last, First, Middle Initial)  A. ANDY BARR FOR CONGRESS, IN                                    | NC.                                               |                      | Date of Disbursement                                                              |
| Mailing Address PO BOX 2059                                                                               |                                                   |                      | 11 30 2017                                                                        |
| LEXINGTON                                                                                                 | State Zip Code<br>KY 40588                        |                      | FEC Identification Number                                                         |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE                                                         |                                                   |                      | C C00467571<br>Transaction ID : SB23.l9539                                        |
| Candidate Name BARR, GARLAND , ANDY, ,                                                                    |                                                   | Category/<br>Type    | Amount of Each Disbursement this Period                                           |
| <u> </u>                                                                                                  | nent For: 2018  Primary General  Other (specify)  |                      | 5000.00  Memo Item                                                                |
| State: KY District: 06  Full Name (Last, First, Middle Initial)                                           |                                                   |                      |                                                                                   |
| B. ANTONIO SABATO JR FOR CON                                                                              | GRESS                                             |                      | Date of Disbursement                                                              |
| Mailing Address 2649 FEATHERWOOD                                                                          |                                                   |                      | 11 30 2017                                                                        |
| WESTLAKE V                                                                                                | State Zip Code<br>CA 91362                        |                      | FEC Identification Number                                                         |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE                                                         |                                                   |                      | C C00639690  Transaction ID : SB23.I9540                                          |
| Candidate Name SABATO, ANTONIO , JR, ,                                                                    |                                                   | Category/<br>Type    | Amount of Each Disbursement this Period                                           |
| Senate x                                                                                                  | nent For: 2018 Primary General                    |                      | 1000.00                                                                           |
| State: CA District: 26                                                                                    | Other (specify)                                   |                      | Memo Item                                                                         |
| Full Name (Last, First, Middle Initial)  C. DON BACON FOR CONGRESS                                        |                                                   |                      | Date of Disbursement                                                              |
| Mailing Address P.O. BOX 391368                                                                           |                                                   |                      | 12 15 2017                                                                        |
| ОМАНА                                                                                                     | State Zip Code<br>NE 68139                        |                      | FEC Identification Number                                                         |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name                                         |                                                   |                      | C C00575167  Transaction ID : SB23.l9543  Amount of Each Disbursement this Period |
| BACON, DONALD, , ,                                                                                        | nont Fam. 2012                                    | Category/<br>Type    | 1000.00                                                                           |
| Senate President                                                                                          | nent For: 2018  Primary General  Other (specify)  |                      | Memo Item                                                                         |
| State: NE District: 02                                                                                    |                                                   |                      | _                                                                                 |
| SUBTOTAL of Disbursements This Page (optional)                                                            |                                                   | ·····•               | 7000.00                                                                           |
| TOTAL This Period (last page this line number only)                                                       |                                                   |                      |                                                                                   |

| GREEN BAY Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name GALLAGHER, MICHAEL, JOHN,, Office Sought: House Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SIN  tate Zip Code WI 54301                     | 21b<br>28a<br>2sed by any persitical committee to | 22 x 23 26 27 30b  on for the purpose of soliciting contributions of solicitic contributions from such committee.  Date of Disbursement  12 15 2017  FEC Identification Number  C C00610212 |
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| NAME OF COMMITTEE (In Full)  AX PAC  Full Name (Last, First, Middle Initial)  A. MIKE GALLAGHER FOR WISCON  Mailing Address P.O. BOX 1027  #430A  City GREEN BAY  Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name  GALLAGHER, MICHAEL, JOHN,, Office Sought:   MAME OF COMMITTEE (In Full)  SOURCE  Full Name (Last, First, Middle Initial)  AX PAC  Full Name (Last, First, Middle Initial)  SOURCE  Full Name (Last, First, Middle Initial)  AX PAC  Full Name (Last, First, Middle Initial)  SOURCE  Full Name (Last, First, Middle Initial)  AX PAC  Full Name (Last, First, Middle Initial)  Mailing Address P.O. BOX 1027  #430A  City GREEN BAY  Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name  GALLAGHER, MICHAEL , JOHN, , Office Sought:   Mailing Address P.O. BOX 1027  #430A  Disbursement  Control of the Committee (Last)  Candidate Name  GALLAGHER, MICHAEL , JOHN, , Office Sought:   Disbursement  Di | SIN  tate Zip Code WI 54301                     | tical committee to                                | Date of Disbursement    Mark                                                                                                                                                                |
| NAME OF COMMITTEE (In Full)  AX PAC  Full Name (Last, First, Middle Initial)  A. MIKE GALLAGHER FOR WISCON  Mailing Address P.O. BOX 1027  #430A  City GREEN BAY  Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name  GALLAGHER, MICHAEL, JOHN,, Office Sought: MICHAEL Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SIN  tate Zip Code WI 54301                     |                                                   | Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                                                                                                         |
| AX PAC  Full Name (Last, First, Middle Initial)  A. MIKE GALLAGHER FOR WISCON  Mailing Address P.O. BOX 1027  #430A  City  GREEN BAY  Purpose of Disbursement  CONTRIBUTION TO COMMITTEE  Candidate Name  GALLAGHER, MICHAEL, JOHN,,  Office Sought: MICHAEL Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tate Zip Code<br>WI 54301                       |                                                   | TEC Identification Number  C C00610212                                                                                                                                                      |
| Mailing Address P.O. BOX 1027  #430A  City GREEN BAY  Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name GALLAGHER, MICHAEL, JOHN,, Office Sought: Mail House Disbursement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | tate Zip Code<br>WI 54301                       |                                                   | TEC Identification Number  C C00610212                                                                                                                                                      |
| #430A  City GREEN BAY  Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name GALLAGHER, MICHAEL, JOHN,,  Office Sought: House Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WI 54301                                        |                                                   | 12 15 2017  FEC Identification Number  C C00610212                                                                                                                                          |
| GREEN BAY Purpose of Disbursement CONTRIBUTION TO COMMITTEE  Candidate Name GALLAGHER, MICHAEL, JOHN,, Office Sought: House Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WI 54301                                        |                                                   | C C00610212                                                                                                                                                                                 |
| CONTRIBUTION TO COMMITTEE  Candidate Name  GALLAGHER, MICHAEL, JOHN,,  Office Sought:   Muse  Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                                                   |                                                                                                                                                                                             |
| GALLAGHER, MICHAEL, JOHN,, Office Sought: House Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                                                   | Transaction ID : SB23.I9549                                                                                                                                                                 |
| Office Sought: House Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 | Category/<br>Type                                 | Amount of Each Disbursement this Period                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ent For: 2018 Primary General                   | Турс                                              | 5000.00                                                                                                                                                                                     |
| State: WI District: 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Other (specify) ▼                               |                                                   | Memo Item                                                                                                                                                                                   |
| Full Name (Last, First, Middle Initial)  B. TOM MACARTHUR FOR CONGRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ESS INC.                                        |                                                   | Date of Disbursement                                                                                                                                                                        |
| Mailing Address PO BOX 999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                                   | 12 15 / 2017                                                                                                                                                                                |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tate Zip Code<br>NJ 08818                       |                                                   | FEC Identification Number                                                                                                                                                                   |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | · · · ·                                           | C C00557520                                                                                                                                                                                 |
| Candidate Name MACARTHUR, THOMAS, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 | Category/<br>Type                                 | Transaction ID: SB23.I9555  Amount of Each Disbursement this Period                                                                                                                         |
| Office Sought: House Disbursem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ent For: 2018 Primary General                   |                                                   | 1000.00                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other (specify)                                 |                                                   | Memo Item                                                                                                                                                                                   |
| Full Name (Last, First, Middle Initial)  C. BUNNI POUNDS FOR CONGRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S                                               |                                                   | Date of Disbursement                                                                                                                                                                        |
| Mailing Address PO BOX 181493                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                   | 12 29 2017                                                                                                                                                                                  |
| DALLAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tate Zip Code TX 75218                          |                                                   | FEC Identification Number                                                                                                                                                                   |
| Purpose of Disbursement CONTRIBUTION TO COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·<br>                                           |                                                   | C C00661595<br>Transaction ID : SB23.I9542                                                                                                                                                  |
| Candidate Name POUNDS, BUNNI, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | Category/<br>Type                                 | Amount of Each Disbursement this Period                                                                                                                                                     |
| Senate x                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ent For: 2018  Primary General  Other (specify) |                                                   | 2500.00                                                                                                                                                                                     |
| State: TX District: 05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                                   | Memo Item                                                                                                                                                                                   |
| SUBTOTAL of Disbursements This Page (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                                   | 8500.00                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                                   | 7                                                                                                                                                                                           |